COVER PAGE

CHILD AND FAMILY SERVICES PLAN

January 1, 2007 – December 31, 2009

Monroe County
Department of Human Services
Submitted October 12, 2006

This Child and Family Services Plan including the Strategic Component, the Administrative Component-Local Department of Social Services, the Administrative Component-Youth Bureau, and the PINS Diversion Services Plan-Strategic Component covers the period of January 1, 2007 to December 31, 2009. The plan contains County Outcomes and Strategies to be undertaken that respond to community needs by the Youth Bureau for youth development and services and by the District in the areas of Adoption, Foster Care Services for Children, Preventive Services for Children, Protective Services for Adults, Protective Services for Children, Other Adult Services, and Other Children and Family Services. In addition, the Plan contains a description of public participation. The Plan contains estimates of expenditures and program information.

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I. Outcome Framework/Mission/Vision

Monroe County Vision

Monroe County is a community of choice that is economically prosperous, healthy, safe and fun. We attract employers, skilled workers and visitors because our community offers:

- Stable property taxes
- Safe, secure neighborhoods
- A wide range of recreational and cultural activities
- Collaboration among the County's municipalities to create a sound governmental infrastructure
- Quality housing at affordable prices
- Partnerships to improve the health of its citizens and the environment
- Outstanding educational opportunities through a wide variety of institutions of higher learning

These factors make Monroe County a community where our children and grandchildren want to stay and raise their families.

Department of Human Services Mission

The Monroe County Department of Human Services develops, provides and coordinates services for eligible residents to assist them in maximizing independence, safety and physical and emotional well-being.

Core Priorities

Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults
Self-sufficiency and Healthy Development
Effective and Efficient Utilization of Limited Resources

Long Term Goals for Monroe County
Children, Youth, Adults and Families

Responsive

- Youth, parents and other stakeholders identify priority needs
- The system seeks and utilizes input on improving access to services and reducing confusion
- The needs and strengths of children, youth and families are recognized, understood and incorporated into planning, program development and service delivery
- Works with formal and informal linkages to "natural helping systems" that include faith communities, voluntary associations, neighbors and extended families.

Comprehensive

- Integrated County Planning is designed to improve outcomes for all children and families
- Operates from a foundation that seeks to enhance strengths and supports within individuals and families while targeting services to address risks our consumers are facing
- Utilizes a continuum of services from Community and Youth Development and Prevention through intensive Intervention and Treatment for individuals and families with all levels of need

Coordinated

- Services and programs are provided in a manner that is flexible, reduces gaps, fragmentation and duplication
- There are fewer structural barriers consumers must navigate in order to obtain needed services
- There is effective and regular communication among multiple providers serving children, youth, adults and families.

Based on Results

- Programs and services are accountable for results
- Programs and services—private and public are built on and emphasize work based on effective best practice research and/or on carefully tested and well-supported new approaches to solve community needs.

II. PLANNING PROCESS

The Monroe County Department of Human Services unites multiple human services under one vision and one organizational structure to improve outcomes for all Monroe County children, youth, adults and families. Planning for the implementation and improvement of human services in Monroe County is an ongoing process guided by the three core priorities; 1) Safety; 2) Self-sufficiency and Healthy Development; 3) Effective and Efficient Utilization of Limited Resources. In 2002-03 Monroe County redesigned its public human services units into one "Department of Health and Human Services" later renamed "Department of Human Services". From 2003-06 multiple modifications to the original redesign plan were implemented to correct or reduce identified challenges and to improve overall department performance toward meeting core priorities. The Department of Human Services utilizes an active internal and external planning process and a commitment to community engagement to assist in the implementation of its core priorities. Key organizational, leadership, planning and community engagement issues and activities are described below:

Department of Human Services Leadership and Organization

The Monroe County Department of Human Services has experienced several leadership and organizational changes from 2002-06. In June 2006, County Executive Maggie Brooks appointed Kelly A. Reed Commissioner of Human Services. Commissioner Reed brings over twenty-five years of private and public sector human services experience to this important leadership position and is committed to implementing the vision of the County Executive within the regulatory requirements and mandate that govern her position. Beginning in March 2006, Ms. Reed began meeting with department leadership and initiated an intensive review of the existing organizational structure and the strategic planning process. After a deliberate period of analysis and internal and external consultation Commissioner Reed and her senior leadership team have implemented foundational changes to ensure progress toward the department's core priorities.

The Department of Human Services (DHS) is comprised of child, youth and adult development, welfare and mental health services. Mandated and non-mandated offices, services and programs are organized under one leadership and organizational structure to optimize Monroe County's ability to meet and exceed required outcomes and core priorities. Enhancement and refinement of this leadership and organizational structure is ongoing with an emphasis on *Integration*. In 2006 the department implemented Project *Integration* to reorganize the administrative structure of DHS to focus energy and resources on Safety; Self-Sufficiency and Healthy Development; and Effective and Efficient Utilization of Limited Resources. The new structure organizes DHS into three divisions: Child and Family Services; Financial Assistance; Administration and Purchased Services. The *Integrated* departmental structure will result in the following outcomes:

Short Term:

- Development of consistent program and service decisions within the context of clear core priorities.
- Improved clarity in lines of authority and responsibility – statutorily required connection to the County Executive is maintained by social and mental health services and the youth bureau while one unified Vision and Mission guide all human services in Monroe County under the management and leadership of the Commissioner of Human Services.

- Increased clarity of Monroe County's human service vision and *integrated* structure for community partners, other municipalities and other county departments.
- Increased coordination of resources to serve high need/high cost clients and key strategic initiatives.
- Platform to ensure key human service issues are fully considered at the County Administration level.

Long Term:

- Demonstrative improvements in measurements related to core priorities: Safety; Self-Sufficiency and Healthy Development; and Effective and Efficient Utilization of Limited Resources.
- Improved risk management.
- Improved utilization of limited resources.
- Improved cross system integration of resources to improve outcomes for high-risk and/or high need clients.
- Efficiencies in purchased services.
- Enhanced support for key strategic initiatives and constituencies.

The Monroe County Department of Human Services is organized to maximize its ability to implement its mission to develop, provide and coordinate services for eligible residents to assist them in maximizing independence, safety and physical and emotional well-being.

Human Services Strategic Planning:
DHS is actively engaged in multiple efforts to support core priorities and key strategic initiatives. Departmental leadership participates on multiple community initiatives, coalitions and partnerships and operates a significant number of internal efforts to advance progress toward our goals. Since 2004 the department has been engaged in a Strategic Planning process that provides a clear foundation for Mission-based decision-making. Strategic planning is an ongoing process consistently applied since fall 2004. Currently, under the leadership of Commissioner Reed, departmental leadership at all levels is beginning the long term effort to update and improve the department's Strategic framework. This process includes twice monthly meetings with division leadership and other key leaders. Cooperative planning between "Social Services", Youth Bureau, Mental Health, Aging, and Early Intervention is ongoing because these units are collectively part of DHS. The revision and improvement of the DHS planning framework is a key component of the 2007-2009 Child and Family Services Plan.

Developing a Strategic Approach to Integrate and Coordinate Efforts to Improve Outcomes for Monroe County Children, Youth, Families and Vulnerable Adults

Monroe County is a service, program and initiative rich community. Non-profit organizations and governmental entities, including schools, municipalities and the County of Monroe are engaged in numerous efforts to address specific risks and problems, build skills and assets and ameliorate impact of multiple negative effects on children, youth and families. These initiatives, programs, collaboratives, etc., demonstrate a community-wide commitment to improving outcomes but in some instances the lack of integration and coordination has unintended negative impacts including duplication of effort, inefficient use of resources and conflicting understanding of evidence-based or best practices. Bringing the various efforts together into a comprehensive whole, while recognizing and respecting mandated authority and responsibilities, is a daunting prospect with few good

examples of success from around the country. Scarcity of successful examples where multiple community efforts are aligned is not reason enough to avoid such an important endeavor. Rather, it suggests the importance of proceeding deliberately to weave multiple efforts into one common vision. To this end, the Department of Human Services is engaged in a deliberate process to analyze frameworks that have been successful and that support the goals of developing a responsive, comprehensive, coordinated human services system that is based on results.

A promising framework, currently under review, is ***Ready by 21*** from the Forum for Youth Investment. The framework focuses on youth but recognizes the critical importance "that the more decision-makers take time to define the total set of child and youth outcomes the more it becomes clear that these outcomes are interlinked and cannot be achieved without coordination across systems, across policies, across programs."

The following is taken from: www.forumforyouthinvestment.org

The Problem
Too few young people are ready at age 21 for college, work and life. A critical minority of our young people are unprepared for the challenges of young adulthood. The costs of helping them are far less than what it will cost if they are not prepared for college, work or life.

The Causes
Life is getting harder for youth and their families, and the bar is raised higher than ever for teens and young adults. By most measures, since 1950, life has gotten better for Americans — except teenagers. Teenagers are virtually the only group for which Americans believe life is actually getting worse. Indeed, polls indicate that 80% of Americans think it is harder to be a parent and a teenager than it used to be. Not only are the challenges facing young people increasing, but the skills, competencies and credentials required to compete in the 21st century are rising as well. As the Gates Foundation says, "Although low high school graduation and college attendance rates were acceptable back in days when high school graduates, and even dropouts, could support their families and contribute to society, such low levels of education are simply unacceptable today in an economy based on analytic thinking, communication and problem solving."

The Opportunity
The public believes preparing youth should be a national priority. More than half of the people polled in a national survey rank "helping kids get a good start in life" as the most important priority for the country, even more important than creating jobs or reducing crime.

The Solution
The Forum for Youth Investment believes the country can ensure that significantly more young people are Ready by 21™ by encouraging alignment of ideas, resources and stakeholders. As such, we deliberately look for opportunities to work with states and cities interested in seeing the forest (the overarching vision) and the trees (the specific policies and programs). We have found that the more decision-makers take time to define the total set of child and youth outcomes the more it becomes clear that these outcomes are interlinked and cannot be achieved without coordination across systems, across policies, across programs.

Advisory Committees
Advisory Board participation in human services planning and implementation is an important component of Monroe County's efforts to focus on meeting objectives associated with its mission and core priorities. MCDHS, its three divisions and the units within them have several important appointed boards which help guide and inform our planning. The boards listed below meet regularly and are instrumental in influencing funding priorities:

The Department of Human Services and its divisions and many units are guided and informed by numerous Advisory Committees. Every effort is made to ensure client and citizen participation both adult and youth on all appropriate committees. The Citizens Advisory Committee advises the entire department on lifespan issues and regularly participates in providing input on strategic direction and decisions. It is comprised of a large board and four subcommittees. The Youth Board has provided input into or assisted with revisions to Funding Priority Guidelines, municipal monitoring plan, changes to selection of youth and youth advocates process, development of ICP strategies and advocacy processes designed to support a youth agenda. The Council for Elders, an Advisory Board to the Office for the Aging, takes an active role in program planning.

Outlined below is an overview of Monroe County's ongoing multifaceted planning process. Highlights of the large number of efforts are grouped under our core priorities: *Safety; Self-Sufficiency and Healthy Development; and Effective and Efficient Utilization of Limited Resources.* In many instance the activities under one core priority impact those of another priority.

Safety

Child & Family Services Internal Process Improvement Initiative
Child safety is an absolute priority of County Executive Maggie Brooks and her leadership team in the Department of Human Services. Multiple initiatives are underway to improve internal processes and purchased services. Whenever possible it Monroe County's intention to be proactive in its efforts to protect children and families, however, we also are prepared to react quickly to review decisions made and services provided to learn and improve processes going forward. The tragic death of a five year old who had formerly been served by DHS presented a situation that called for a decisive internal review. In July 2005, immediately after the tragic death of the five-year-old, County Executive Maggie Brooks directed MCDHS to conduct a thorough internal review of the department's involvement with the child. The review process included confidential case record analysis and interviews with staff members with direct responsibility for the Child Protective Services activity. Analysis and interviews were focused on establishing the facts and circumstances of the death; MCDHS involvement with the family; examination of case decisions and actions taken; determination of compliance with statutory, regulatory, and good practice standards.

Case analysis and review both done internally by DHS and by the Bivona Child Advocacy Center - an independent review body - demonstrates an extremely sad situation where neglect and challenged parental ability preceded and contributed to the direct circumstances resulting in the death. While the staff at MCDHS could not have prevented this death, the review has analyzed the entire case process, including but not limited to issues concerning child safety, and has identified areas in need of enhancement and continuous feasibility, review and improvement:

A. Investigation Process
B. Case Progress Recording & Communication
C. Safety and Risk Assessment
D. Case Transfer Process
E. Placement Aftercare and Case Closing Decisions
F. Supervision & Training
G. Quality Assurance

Areas in need of further review:
H. Best Practice Review-Child Welfare Organization, Process and Training
I. Management Information System
J. Policy & Procedure Manuals
K. Casework, Clerical and Paraprofessional Staffing

In response to our internal review and the required response to state findings, DHS is collaborating with the OCFS Rochester Regional Office on a comprehensive improvement initiative that addresses the areas listed above in a comprehensive manner. A detailed workplan with administrative accountability and deliverables is in use to support the implementation of this very important effort.

Identification and Implementation of Evidence Based Models

A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. In the last thirty years policy makers, human service workers, community groups and researchers have increasingly asked if the programs, services and strategies they use actually achieve the results they are intended to achieve. Interest in identifying the most effective efforts has led to research on local, state and national models. The findings of these studies are the basis of a new body of literature across multiple disciplines that describe and highlight "what works" when trying to improve outcomes for children, youth, families and communities.

Monroe County and its partners are implementing several evidence or science-based models to address priority issues in our community but more must be done. Over the last few years, we have seen a significant increase in the percentage of families receiving preventive services that are also active with child protective services. This upward trend suggests two things. The first is that we should be thinking about focusing more of our resources toward primary and secondary prevention in an effort to decrease the number of children entering the system through the doors of CPS. The second is that we must continue our efforts to bring effective, science-verified programs to Monroe County and hold ourselves accountable for delivering them with complete fidelity to those models as they were designed and tested. We can no longer afford to invest in programs that do not have proven, measurable results based on rigorous research.

Implementation of The Incredible Years Parenting Program continues and in 2006 DHS added Multisystemic Therapy, and the Nurse Family Partnership to our portfolio of evidence-based models. Department leadership, corporate leaders, private funders and other community partners are collaborating on several integrated initiatives to research other model programs and implement models that will address the priority issues in Monroe County in a comprehensive, holistic manner that supports the development of a human services continuum.

Nurse Family Partnership

Monroe County DHS is implementing the Nurse Family Partnership (NFP) in cooperation with the Monroe County Department of Public Health and with support and partnership from the Children's Agenda and United Way of Greater Rochester. When fully implemented this program will serve 100 first time mothers in Monroe County. Efforts are currently underway to secure funding to expand the implementation to annually serve all first time moms who are Medicaid eligible. The NFP program consists of home visits to new mothers by trained nurses during pregnancy and continuing up until the child's second birthday. The nurse home visitors follow a visit schedule keyed to the developmental stages of pregnancy and early childhood.

Ideally visits begin early in the second trimester (14-16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months old. The last four visits are monthly until the child is two years old. The nurses teach (1) positive health related behaviors, (2) competent care of children, and (3) maternal personal development (family planning, educational achievement, and participation in workforce).

Nurse Home Visitation has been demonstrated to reduce 75% of cases of child abuse and neglect in the first two years of life for children in high-risk families, and 50% of cases in long-term follow-up over 15 years. Many of the studies demonstrating the effectiveness of early childhood nurse home visitation programs in preventing child maltreatment were conducted by researchers at the University of Rochester here in Rochester, NY. These studies have used randomized controlled trials (the most rigorous form of study design) and have been published in the most prestigious medical journals. The studies have 20 year follow-ups on some of the families visited and have been validated in urban, suburban, and rural populations.

In addition to preventing child abuse and foster care placement, there is evidence that nurse home visitation has numerous other positive effects for the low income women and children involved. The women had fewer subsequent pregnancies, markedly reduced criminal behavior, less behavioral impairment due to drugs and alcohol, and reduced use of welfare for up to 15 years after the birth of the child. In addition, in their adolescence, the children who had experienced the home visits had fewer arrests and convictions, fewer instances of running away, fewer sexual partners, and less use of alcohol, cigarettes, and illegal drugs.

Incredible Years

Seven human service agencies continue to collaborate on providing the Incredible Years Basic Parenting Program, a research based parenting program for parents of two to eight year old children. The collaborative is actively conducting an evaluation of the model and its local implementation.

DHS will be working both internally and externally to ensure that publicly funded and supported parenting initiatives and trainings are coordinated within the context of core priorities, long term goals and are evidence-based models.

Multisystemic Therapy

Monroe County and Cayuga Home for Children are implementing Multisystemic Therapy (MST) program in Monroe County. The program is funded both locally and through a TANF grant received by Cayuga Home. MST is an intensive family-and-community-based treatment that addresses the multiple determinants of serious antisocial behavior in juvenile offenders. The program addresses the multiple factors known to be related to delinquency across the key settings, or systems within which youth are embedded (i.e., family, peers, school, and neighborhood). MST strives to promote behavior change in the youth's natural environment, using the strengths of each system to facilitate change.

MST is a nationally-validated program that has proven to be effective in other communities. It is an evidence-based model that has demonstrated and documented the following outcomes: Reduced long-term rates of criminal offending in serious juvenile offenders; Reduced rates of out-of-home placements for serious juvenile offenders; Extensive improvements in family functioning; Decreased mental health problems for serious juvenile offenders; Favorable outcomes at cost savings in comparison with usual mental health and juvenile justice services.

Community Health Worker Program
In July 2006, MCDHS and the Monroe County Department of Public Health began a new interdepartmental collaboration to help support the safe and healthy development of children in Monroe County. MCDHS is now supporting the Community Health Worker Program as a Community Optional Preventive Service. This unique service will connect with our Nurse Family Partnership initiative and partner with the Rochester Early Enhancement Project (REEP). REEP is an 11 year old collaborative of fifteen participating member agencies in the North central and Southwest quadrants of Rochester (representing the priority zip codes in the city for poor birth outcomes). This coalition provides comprehensive, integrated services and programs for families with children from the prenatal period to age one.

The overall goal of the Community Health Worker Program model is to promote optimal health status among high-risk, low-income pregnant families The Community Health Worker (CHW) Program assists high-risk childbearing families to achieve an improved level of health, self-sufficiency and family functioning. Through family-focused home visitation, CHWs connect pregnant women at risk of poor pregnancy outcomes and family crisis to early and continuous prenatal care, assist them to access needed services including WIC, Medicaid, Child/Family Health Plus, other social services, and educate women about behavioral changes that will result in improved outcomes for themselves and their children. The Community Health Worker creates a bridge between providers of health, social and community services and the under-served and hard to reach populations within the community. This bridge is an integral part of our county's long term strategy to utilize evidence based practice and integrated services to reduce the risk of out of home placement.

Homeless Youth
The Runaway and Homeless Youth Coordinator continues to be a member of the Continuum of Care for the Homeless Team, a community based initiative. This year's plan included renewal applications for transitional youth housing from the Salvation Army and Mercy Residential. Homeless Youth continue to be listed as a community priority population. Homeless Youth are incorporated in the City and County Planning processes including the Monroe County Consolidated Plan, the City Comprehensive Plan, City Emergency Shelter Grant Review Team, and FEMA.

Adult Protective Services and Office for the Aging (OFA)
In 2004, several OFA and Adult Services key processes were studied and streamlined through elimination of non-value added components, and automation and standardization of record keeping.

Caseworkers now also perform a needs assessment, and preference is given to APS and Home Care clients in need of OFA contracted services as a result of the collaborative efforts between the three units and sub-contracting agencies.

In an effort to streamline client data collection, eliminate duplication of effort and information, and ensure validity of mandated client reports, the Office for the Aging and Adult Services began utilize the Provider Resource Network, a powerful, multi-functional web-based client data base. The system facilitates data driven outcome measurements.

In addition, Protective Services for Adults (PSA) began using the mandated State database system known as Adult Services Automation Project (ASAP) in February 2005. This system links PSA to other County PSA units across NYS.

Self-Sufficiency and Healthy Development

ACCESS- Achieving Culturally Competent Effective Service and Supports
In 2005, County Executive Maggie Brooks announced that Monroe County was awarded a $9 million federal grant to transform the children's mental health system in Monroe County. The Department of Human Services – Office of Mental Health will utilize the funds to improve the infrastructure which supports the children's mental health system as well as expand service offerings in key areas identified through the County's extensive needs assessment conducted two years ago. Goals for ACCESS include reducing disparities and improving outcomes for children and families.

The County is partnering with child-serving systems, grassroots community organizations, families and youth to develop ACCESS. The goal of ACCESS is to transform all aspects of the mental health care system in Monroe County in dealing with children and youth diagnosed with serious emotional disturbances (SED). ACCESS also incorporates involvement of family members into the program, which is vitally important to the success of ongoing care.

ACCESS will implement reforms at the systems, service delivery, and program evaluation levels. This restructuring will help to address disparities in mental health services to children and families who have been underserved in the past, combine services for children having multi-system involvement, and foster independence, self-management and smooth transitions to-and-from care for older youth.

Monroe County expects many positive outcomes from the ACCESS program, such as earlier access to mental health treatment, an expanded array of community supports, reduced costs for intensive mental health services and out-of-home placements, and greater independence among young adults.

Local Workforce Investment Board (LWIB), Rochester Works, LWIB Youth Council Joint Planning and Partnership (ongoing)
The DHS-RMCYB received a Partnership for Youth competitive grant to align the youth development and workforce development systems over the next 5 years to increase the opportunity for positive outcomes for youth. Technical assistance, training and mentoring will be provided to those providing workforce development to youth. In addition a Workforce Investment Project will provide workforce development services to youth "aging out of foster care" and/or who are homeless utilizing a youth development framework and approach.

School Community Partnership Network (SCPN) and Focus Groups (spring-summer 2006)
The SCPN brings together funders, planners and policy staff to coordinate the resources and supports provided through school-community partnerships to ensure opportunities to learn about

and implement best practices to problem solve and to create new partnerships designed to enhance outcomes for youth in school and the community.

Facilitated focus groups that included lead agencies and principals of Student and Family Support Centers (SFCS) sites will be organized to solicit input into best practices and guidelines development for the SFSCs. Through needs assessments at each site additional information will be solicited from youth, teachers and families. These will be used to offer focus for SFSC's.

Positive Youth Development State and Local Partnership - Sector 8 Community Mapping.
New York State is one of eight states that received a competitive Federal Department of Health and Human Services grant from the Family and Youth Services Bureau for positive youth development. A requirement of the federal grant for each state is a state and local community demonstration project to increase opportunities for positive youth development in local communities through collaborative processes. Only NYS counties who receive federal Runaway and Homeless funds were eligible to compete, due to the source of the federal grant funds-AND-only one county/local community could be funded per state. The DHS-RMCYB successfully competed for the grant and is participating as part of the eight-state federal demonstration project. The grant required a four-month collaborative planning process and upon successful completion, the county will be eligible to receive $130,000 for four consecutive years to implement the goals of the plan. An additional $25,000 will support the state-designated time period for the four-month planning process. An overall goal of the Positive Youth Development State and Local Collaboration (PYDSLC) Demonstration is to pilot new relationships between the states and local communities selected for the project as a means of fostering closer collaborations between state agencies responsible for youth development programming and the communities that are expected to benefit from those services and programs.

Sector 8, in the Northeast area of the City of Rochester, joined the partnership as the local community partner. NYSOCFS continues to be a major partner with the RMCYB. To date, there has been a Sector 8 Community Retreat, a Sector 8 Youth As Resources mini-grant process and community mapping of 100 blocks of Sector 8. The process has engaged multiple community members, organizations and youth. Asset Based Community Development (ABCD) Institute has been contracted to provide training/consulting to the partnership. Residents (youth and adults) participated throughout the spring and summer in a planning process to identify community issues, needs, assets and strategies to address identified areas.

Youth Services Quality Council (YSQC) of Rochester and Monroe County
The YSQC is a 64 member organization of youth service providers who come together to collaborate on new ways to do business to ensure coordinated services, maximization of resources, quality services and outcomes.
Ad Council Positive Youth Development Campaign (Focus groups and Poll fall 2005-summer 2006)
Three focus groups held with adults for input on how to increase adult positive involvement with youth. Harris Interactive is now in the process conducting a poll to test messages targeted to adults for increased interaction with youth.
Forum on Truancy Intervention Strategies (summer 2006)
Meeting held with youth service providers, Pathways To Peace of City of Rochester and RCSD on processes and strategies to address truancy in the city school district.
Forum on Curfew for Rochester's youth (spring-summer 2006)

Providers discussion with City Council. Youth forum for input held with City Council through Teen Empowerment and youth input through City-County Youth Council with Rochester's Chief of Police.

Greater Rochester After-school Alliance (GRASA) (spring-summer 2006)
The mission of the Greater Rochester After-School Alliance is to: To improve the quality, quantity, and accessibility of out-of school programs in Monroe County and to position the community to draw down state and national funding for out-of-school programs. The initiative serves as:
- a central point for information on needs and strengths of out-of-school programs
- a community-wide priority setting body on issues relating to out-of-school programs
- a focus for coordinating responses to state and national requests for proposals

After-school Provider Forum for input on quality standards, program needs and experience with accreditation providers. Barriers to quality programming identified.

GRASA Strategic Planning Session reviewed progress on past plan, input into progress and identified further strategies and actions to support after-school services to youth in the community.

Focus Groups with funders, policymakers and providers held for input into outcomes for after-school programs

Roundtable with community leaders interested in after-school services for input into a statewide legislative agenda.

Monroe County Department of Public Health (MCDPH) and DHS-RMCYB Partnership
The Youth Bureau actively participated in the writing of the MCDPH Adolescent Report Card. 2005 Youth Risk Behavior Survey data included seventeen "asset" questions in the newly developed middle school survey and five questions in the high school surveys. Five schools opted to administer the middle school survey for the first time in 2005.

NYS Youth Development Team (Summer 2006)
Participated in a strategic planning meeting of the statewide Youth Development Team to identify priorities in moving forward to integrate and institutionalize a youth development framework and policies with New York State.

Municipal and Municipal Youth Bureau Involvement – three municipal Youth Bureaus – Greece, Henrietta and Irondequoit – and the City of Rochester and many Monroe County towns and villages have been and continue to be engaged in seeking "youth voice" and building developmental assets. In the City of Rochester ten hearings provided residents' input into the city youth recreation services needs in the city. Youth input was gathered through school surveys held in the cafeteria and facilitated by youth.

The municipal Youth Bureaus are actively involved in both the Youth Services Quality Council and the Community Asset Partner Network. Each Youth Bureau has incorporated asset building though positive youth development in their policies and practices in all program areas of recreation and youth services. The majority of the towns are active participants in the

Community Asset Partner Network (CAPN). They actively participate in the CAPN annual events and regularly participate in their local school-community asset partnerships.

Building Developmental Assets
Monroe County Asset Initiative & the Community Asset Partner Network- was strengthened by the receipt of a NYS Health Department Asset Coming Together (ACT) for Youth Grant on July 1, 2006. The grant is for $100,000 a year for five years. This grant focuses on incorporated positive youth development principles throughout the community with a focus on urban youth. These funds will allow us to intensify our asset development work within the city while supporting the efforts of the larger community asset network. The specific goal will be to document the work of our CAPN through story telling in print, photography and video.

Effective and Efficient Utilization of Limited Resources

Monroe County PINS System Redesign
The current system for serving Persons in Need of Supervision (PINS) and their families is costly, relies heavily on non-secure detention and Office of Children and Family Services (OCFS) residential care, does not provide immediate access to services, fails to empower families or involve them in the process of planning and does not adequately respond to their needs.

Specifically:

- The number of youth entering the PINS system and the number of PINS youth placed in residential care in Monroe County has continued to increase over the past 10 years and remains higher than comparable counties despite a full array of services.
- In 2001, the PINS age was raised from 16 to 18 thereby increasing the number of PINS referrals.
- Research demonstrates that children and families served through the PINS system often have significant unmet mental health needs.

New legislation passed as part of the 2005-06 State Budget and effective April 1, 2005 mandates immediate changes and enhancements to the PINS system. The legislation requires:

- Immediate access to services;
- Increased family involvement;
- More efforts to divert youth before they are referred to Family Court;
- Reduced use of Detention.

The County Executive appointed a planning group, with key stakeholders, to address these issues and develop a plan that would offer a more effective, efficient, and cost effective PINS service system for Monroe County. With the assistance of the Vera Institute of Justice, the planning group reviewed national models and successful programs throughout New York State. When implemented in December 2006, the new design will have the following key components:

- County operated Family Access and Connection Team (FACT) will serve as the centralized entry point which offers immediate response, effective triage, family assessment, short-term care coordination and linkage to supports and services for families experiencing significant behavioral and emotional challenges with their children without court intervention.

- Runaway response model that partners with families to locate their youth who have run away and offers community-based interventions which assure safety, assesses the youth and family's needs and reunifies the family as quickly as possible.
- Mandatory family orientation/educational seminar for all parents and youth before a youth will be referred to the Probation Intake Team.
- Enhanced array of community-based interventions and alternatives to non-secure detention and out-of-home placement including juvenile tracking, short-term respite, intensive supervision, Juvenile Reporting Center and electronic monitoring.
- Requirement that community-based alternatives continue to be used once a petition has been filed.
- A PINS truancy protocol in collaboration with Monroe County school districts
- Requirement that community-based dispositions are tried and exhausted prior to seeking out-of-home placement.
- Contract with a vendor to provide transportation.

Funding

The County has applied for the limited new funding that is available through OCFS to support these efforts. However, reallocation of existing resources and redeployment of existing County staff will allow Monroe County to fully implement these recommendations, come into compliance with new legislative mandates and provide more appropriate, responsive and cost-effective services to Monroe County residents.

Funds currently used to purchase Non-secure Detention, Enhanced Diversion Services Program and In Home Diversion Services will be reallocated to:

- Create FACT;
- Develop an array of alternatives to detention including juvenile tracking services;
- Develop short-term out-of-home respite services;
- Purchase evidence-based practices for the Juvenile Justice population such as Functional Family Therapy (FFT) and Multi-Systemic Therapy (MST).
- Existing County staff from the Department of Human Services (Division of Social Services and Office of Mental Health) and the Probation Department will be reassigned to FACT.

Implementation of this new design is anticipated to result in significant improvements in youth outcomes and cost reductions.

Cross Systems Initiatives

DHS and several community partners are engaged in a number of long-term planning initiatives to improve services for high need families and individuals who are served by more than one system. A "system" is defined as having an individually identifiable administrative and/or funding source, such as physical health services, Medicaid, public assistance, child welfare, mental health, substance abuse, MR/DD, criminal justice, juvenile justice, faith-based, etc. The development process for two initiatives: families in the child welfare system and adults receiving Safety Net Assistance are in the data analysis stage and are expected to move into the pilot development stages in early 2007 with implementation in 2007-08.

Education Leadership Council

Under the leadership of County Executive Maggie Brooks, MCDHS leadership is participating in this collaborative effort to improve outcomes for youth in the Rochester City School District through the following goals: ***100% Graduation Rate in the Next 10 years – College and Workforce Ready***; ***Significantly Improve Attendance, especially at High School Level.***

Purpose:

- ☐ Implement a *comprehensive and collaborative citywide effort*
  - ■ Focus on a common agenda and actions that improve graduation rates and student attendance
- ☐ Promote *greater collaboration and accountability* among key stakeholders
- ☐ Eliminate *barriers* that impede the success of children.., develop and revise *policies, procedures and practices*
- ☐ Implement *innovative and proven programs* that support continuous improvement
- ☐ Provide community *oversight* of major improvement strategies

Guiding Principles:

- ☐ Provide the *resources necessary* for the implementation of major focus area strategies
- ☐ Eliminate fragmentation with service delivery

- ☐ Maintain both a student and family focus to improve education
- ☐ Develop a system of measurement and accountability that is evidenced based
- ☐ Use resources efficiently: target existing resources to the focus strategies, reduce costs and share overhead

Rochester Children's Zone

Monroe County, under the leadership of County Executive Maggie Brooks is participating in this comprehensive initiative.

Evaluation of Best Practices Project (BPP) (2000-2005)

The Best Practices Partnership is a voluntary group of management level youth and family providers that come together to learn, share, communicate, plan and empower each other. Along with funders, organizations, staff, youth and families; the Partnership identifies and develops the critical organizational elements and functions that must be impacted to implement and maintain best practices consistent with the Community Youth Development philosophy. This includes: creating, maintaining and increasing learning environments within organizations; Identifying, sharing and encouraging the use of program models and strategies known to be effective with youth and families; Increasing the use of strength-based, youth and family centered, culturally competent effective practice; Identifying and reinforcing consistent catalysts to implementing effective practice; Identifying and reducing barriers to implementing effective practice; and Improving organizational support of better practice through congruent policy, process and procedures

Original organizational members who began with the BPP participated in the study providing confidential feedback to an evaluator on the impact of the project. The Best Practices Partnership Project has evolved into a "Capacity Building Project for Youth Development". A 5-year retrospective study was done on the impact of the partnership. A brief summary of the study findings include:

- Over the past 5 years, even with the economic difficulties, most agencies managed to hold onto or enhance their youth development initiatives;

- Most agencies cited advancement in making changes to practice, program design, youth and family involvement, forms and hiring practices;
- Almost all surveyed felt their agency's participation in the Best Practices Partnership was very influential in helping to create a climate of change in their organization which moved them toward a model that supported the advancement of youth development principles.

When study participants were asked to identify the key elements for fostering change across the county, agency leadership consistently mentioned the importance of a collaborative, community-wide initiative around best practices in which government, non-profits, and private foundations participated. They talked about the benefit of a public/private funding community that spoke with one voice about fidelity to a youth development model for agencies seeking funds. This consistent message by the funding community helped the champions of change within organizations to overcome resistance and to move forward with a youth development agenda.

Additionally, several executives discussed the ease with which focus on a youth development agenda can be lost when one is responding to the daily complexities of running a non-profit organization. They spoke of the importance, therefore, of the Youth Bureau's role in continuing to bring the issue to the forefront, raising agency consciousness, reinforcing the message, and challenging agencies to achieve a community standard of best practice.

The Center for School and Community Services (2002), in its evaluation of exemplary systems for training youth workers, cited methods for building systems of support for staff in organizations. "At the heart of this system are organizations that incorporate youth development philosophy and principles into their work; collaborate with other organizations to provide a continuum of ongoing professional development; foster networks and information sharing; and pool funding and resources to provide supports to youth workers (p. 14)". The Best Practices Partnership has attempted to include many of these features within its structure.

The author of the study concluded the study with a final paragraph "Gladwell (2000) states that, "What must underlie successful epidemics, in the end, is a bedrock belief that change is possible, that people can radically transform their behavior or beliefs in the face of the right kind of impetus (p.258). The Best Practices Partnership set the stage for the transformation of youth practice in the community by forging a community coalition around a shared vision of youth development. They then nurtured that belief by investing in people, setting a standard for practice, and providing a consistent message that nudged, encouraged and inspired community members to achieve its vision. It is a journey that is still evolving, but a solid course has been set (Groesbeck, 2005)."Few capacity building efforts focus on change in environment, approach, shared principles and values across the organization as well as practice. We also realize efforts in this area must be on-going and continuous due to the nature of the work and staffing patterns.

The partnership continues to focus on several different approaches to support organizational behavior change to implement effective practice and quality work with youth. Along with the professional development series in Supervision, Group Work, Youth Development and Family Development the partnership is offering mentoring, coaching and one-to-one consultation for organizations.

The Capacity Building/BPP Partnership has also developed two new series and will be piloting them, including "Creating Positive Relationships with Challenging Youth" and one that explores gender issues in programming for youth. Central to all of the learning series is a shared

framework with a core set of principles, language, knowledge, competencies, practices and values that guide all interactions with youth. Eight peer mentoring support groups, which focus on staff supervision and are based on the Interactive Approach, continue to meet monthly.

READY Youth Development Measurement Tool Analysis, Interviews and Focus Group
A confidential study and focus group with providers has been held for two years, which focuses on use of READY Tool. The Focus Group has considered how it the Tool is used, issues or concerns, benefits and technical assistance needs. The next phase for the Focus Group will be to analyze of the tools' reliability and validity and solicit input from experts on next steps in the tools' development.

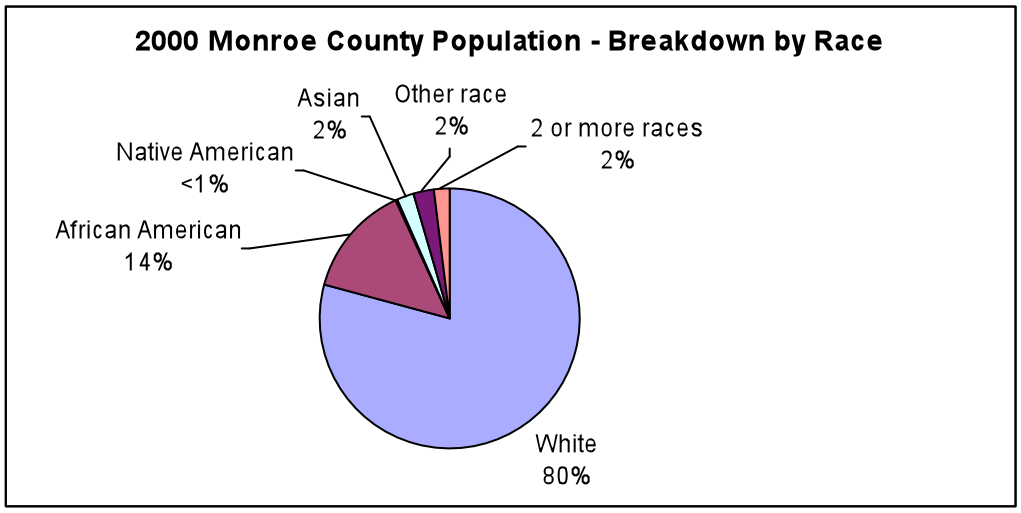
III. Needs Assessment

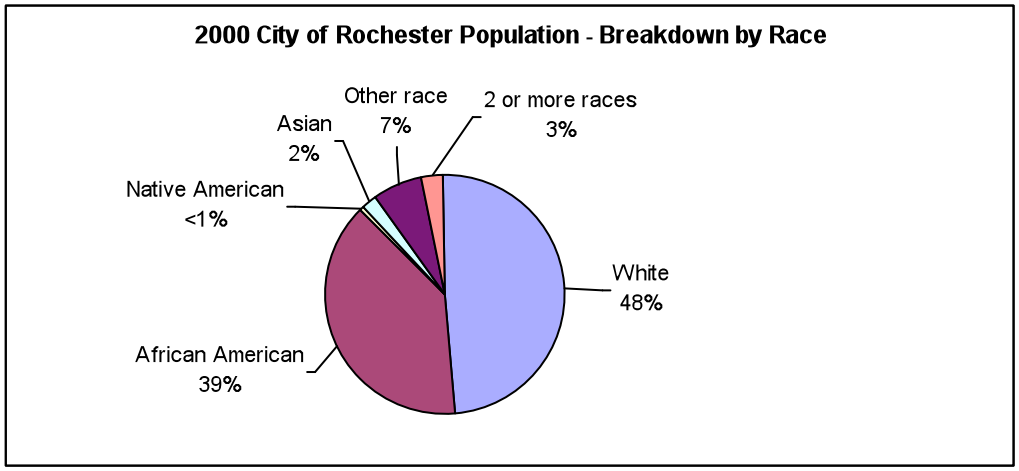
Monroe County Profile for Human Services Planning for the 2007-2009 Integrated County Planning Process

I. DEMOGRAPHICS

According to the 2000 census data, Monroe County has 735,343 residents and Rochester has a population of 219,773 within its city limits. Rochester is the third largest city in New York after NYC and Buffalo. Overall, the area's population is growing, although the city of Rochester has experienced a population decline. From 1990 to 2000, there was a 3% increase in countywide population, but a 4.6% decrease in the city population. There was a 6.6% increase in the suburban population during this period. From 2000 – 2005, Rochester's population continued to decline by an additional 3.8% while the overall county population remained relatively flat, .03 percent decline. Rochester, once a "boomtown" now ranks 88th among US cities with 211,091 people.

The entire Rochester Metropolitan Statistical Area (MSA), made up of Genesee, Livingston, Monroe, Ontario, Orleans and Wayne counties, grew by 3% or 35,731 people between 1990 and 2000. Over half of that growth was in Monroe County. **Rochester was the only metropolitan area in New York west of the Hudson Valley with any population growth in the 1990s.** It also grew by 3% during the 1980s. (Source: *Upstate New York's Population Plateau*, Rolf Pendall, Brookings Institution, August 2003)





Monroe County's Latino population:

- 13% of city residents and 5% of residents countywide were identified as Latino (Hispanic) in the 2000 census.
- Over 70% of Monroe County's Latino residents are of Puerto Rican descent.
- 4.6% of the 2000 county population speaks Spanish at home, up from 3.2% in 1990.
- According to a July 2002 report from the Brookings Institution, between 1980 and 2000, the Latino population in the Rochester MSA grew by 145%, from 2 to 4% of the total population.

The increasing diversity of Monroe County:

- Between 1990 and 2000, the white population of Monroe County decreased by 3% while the African American population grew by 19% and the Latino population grew by 47.7%.
- From 1990 to 2000, Monroe County's foreign-born population grew from 6.4 to 7.3%.

People in the county's primary ethnic groups were less likely to live in the city in 2000 than in 1990:

Race/Ethnicity	% of county population living in the City of Rochester in 1990	% of county population living in the City of Rochester in 2000
African American	86%	84%
Latino/Hispanic	76%	72%
White	24%	18%
Total population	32%	30%

Source: 2000 Census

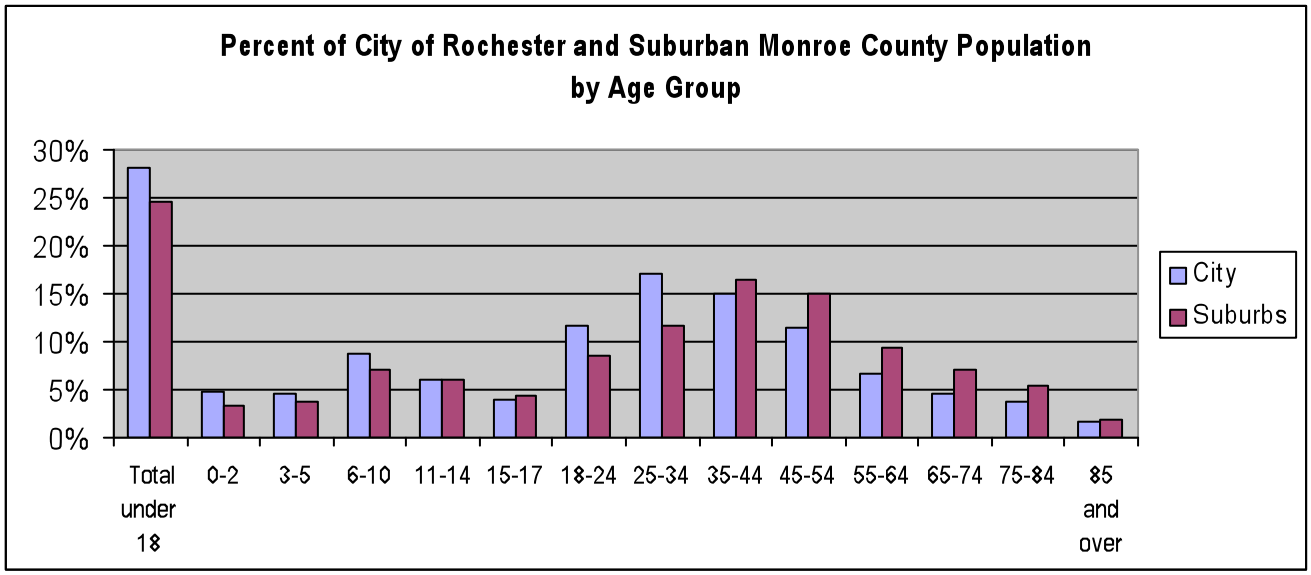
Racial segregation of whites and African Americans:

The dissimilarity index is the most commonly used measure of racial segregation, reflecting the relative distributions of two racial groups across neighborhoods within a city or metropolitan area. It can range in value from 0, indicating complete integration, to 100, indicating complete segregation. When applied to white and African American residents, the City of Rochester's dissimilarity index is 58.0, less than that of the two most similar upstate cities, Syracuse (59.5) and Buffalo (73.9). The city is less segregated than the overall metropolitan area, which has a dissimilarity index of the 71.1.

The dissimilarity index of the Syracuse MSA is 73.6 while that of the Buffalo MSA is 80.4. (Source: Social Science Data Analysis Network) The Rochester MSA ranked 49th among the 100 largest MSAs in the country in terms of segregation between blacks and whites in 2000. Buffalo is the 9th and Syracuse is the 32nd. (Source: *Upstate New York's Population Plateau*, Rolf Pendall, Brookings Institution, August 2003)

Household Types:
From 1990 to 2000 in Monroe County, there has been a growth in both male and female single-parent households and a decrease in married couple households, both with and without children.

	1990		2000	
	Number	**%**	**Number**	**%**
Total households	271,944	100%	286,512	100%
Total married couple households	140,622	51.7%	135,937	47.4%
Married couples w/ children under 18	63,913	23.5%	61,223	21.4%
Married couples w/o children	76,709	28.2%	74,714	26.1%
Female-headed households w/ children under 18	20,619	7.6%	24,748	8.6%
Male-headed households w/ children under 18	3,294	1.2%	5,202	1.8%



Source: 2000 Census

Monroe County Population Numbers by Age			
Age Groups	**Countywide**	**City of Rochester**	**Suburbs**
Total under 18	188,256	61,735	126,521
0-2	27,768	10,524	17,244
3-5	29,246	10,109	19,137
6-10	56,291	19,265	37,026
11-14	44,058	13,295	30,763
15-17	30,893	8,542	22,351
18-24	69,674	25,589	44,085

25-34	97,480	37,652	59,828
35-44	118,293	33,057	85,236
45-54	102,728	25,014	77,714
55-64	63,133	14,493	48,640
65-74	46,468	9,992	36,476
75-84	35,676	8,179	27,497
85 and over	13,635	3,806	9,829

Source: 2000 Census

The aging of Monroe County's population between 1990 and 2000:
Young adult age groups declined while the numbers of children and older adults increased.

Age Group	**Under 18**	**18-19**	**20-24**	**25-34**	**35-44**	**45-54**	**55-59**	**60+**	**75-84**	**85+**
Change from 1990 to 2000	↑7%	↓2%	↓19%	↓23%	↑6%	↑41%	↑28%	↑3.5%	↑25%	↑35%

A higher percentage of seniors (77%) are living in the suburbs rather than the city in 2000 than in 1990 (70%). This could have implications in terms of service delivery to the county's senior population, as well as the seniors' own transportation needs.

	65+	**75+**	**85+**
City	↓21.9%	↓13.2%	↓5.7%
Suburbs	↑21%	↑50.5%	↑61.5%

Senior populations of suburban towns

- In 2000, the largest percentage increase in the 60+ population was in Perinton (40.3%). (Compared to a 6.9% ***total*** suburban population increase in 2000, and a 3.0% ***total*** population increase in Monroe County.)
- In 2000, the largest percentage increase in the 65+ population was in Pittsford (58.5%).
- In 2000, the largest percentage increase in the 75+ population was in Mendon (104.5%).
- In 2000, the largest percentage increase in the 85+ population was in Mendon (228.0%); next was Pittsford, with a 192.5% increase.

The town with the greatest 65 and over population in the 2000 census was Greece with 14,446 individuals in this age group. The town with the least seniors is Rush with 398.

Seniors in the city are more likely to live alone than those in the suburbs. 27.3% of those 65 and over in the suburbs live alone and 37.1% of city residents in this age group live alone. City seniors are also more likely to be in poverty than suburban seniors. (Source: 2000 Census)

Monroe County's senior population contains more women than men—the total 65+ population is 60% female and the 80+ population is 68% female. In comparison, the total county population is 52% female.

The 60 and over population is less racially diverse than the overall population. (Compare to charts on page 1.):

Racial/Ethnic Breakdown of the 60+ Population in 2000				
	White	**Black**	**Other**	**Latino**
Monroe County	90.5%	7.0%	2.4%	1.8%
Suburbs	96.7%	1.7%	1.6%	0.7%
City of Rochester	70%	24.9%	5.1%	5.4%

Refugee Population

Monroe County serves as a point of entry for refugees. The total number of refugee arrivals from 2000-2005 is 2,105 persons. The actual number of refugees in the area may be slightly higher as those who have not accessed resettlement services are not counted.

Middle East		
Afghanistan	177	
Iran and Iraq	33	
Yemen	1	
Bosnia/Kosovo	157	
Meskhetian-Turk	30	
Cuba	374	
Former Soviet Union	390	
Africa:		
Somalia	302	
Sudan	128	
Sierra Leone	60	
Congo	30	
Liberia	223	
Ethiopia	30	
Other African nations	94	
Croatia		8
Serbia	27	
Vietnam	24	
China	2	
Romania	8	
Colombia	5	
Baku-Armenian	1	
Nepal	1	
TOTAL	**2,105**	

Urban Sprawl

A report released by Smart Growth America in October 2002 ranked the Rochester area 12th out of the 83 largest metropolitan areas in the country in terms of sprawl. The metro areas were judged on four factors that define the presence of sprawl: residential density, the degree to which neighborhoods are mixed in terms of business and residential uses, the strength of activity centers

and downtowns, and the accessibility of the street network. The Rochester MSA was recognized as having the most poorly connected street network, meaning that of the 83 areas studied, its street network is sparse, and the most characterized by large blocks, residential streets ending in cul-de-sacs that feed into busy arterials, resulting in conditions that are less accessible for pedestrians and public transit. On the other hand, the Rochester MSA received an above average score on the strength its downtown areas and it was noted to have less traffic congestion than other areas. (Source: *Measuring Sprawl and Its Impact*, Smart Growth America)

According to 2000 census data, of the 1,037,831 people in the Rochester MSA, 2.16% use public transportation to get to work and 3.63% walk to work. There is an average of 1.65 vehicles per household and 8.96 fatal motor vehicle accidents per 100,000 people per year. (Source: Smart Growth America)

Even in light of the sprawl existing in the Rochester area, the average driver has a relatively low average daily mileage and experiences little delay due to traffic congestion. (Source: *Benchmarking Regional Rochester*, Common Good Planning Center, 2000)

II. ECONOMIC STABILITY

The State of the Local Economy

Since the early 1980s, Monroe County's economy has undergone a transformation from reliance on a small number of major manufacturers such as Kodak, Xerox and General Motors to numerous small and medium sized firms in a variety of industries. In the past 20 years, Rochester lost over 37,000 jobs from Kodak. (Source: United Way 2003 Community Profile) In fact, a September 2003 press release from the Monroe County Executive stated, "today, Kodak only employs a little over three percent of our local workforce. The number of local residents employed at Kodak is less significant now than it has been over the past decades…" According to the Center for Governmental Research, the region's economic future lies with the fast-growing small and medium sized firms in high technology manufacturing, telecommunications and business services, as well as the higher education sector.

Like much of the rest of the nation, Monroe County has experienced a transition from a manufacturing-based economy to a more service-based economy. In fact, according to the New York State Department of Labor, in the 7/1/2001-6/30/2002 fiscal year, the area lost 7,000 manufacturing jobs. The following table illustrates the increasing prominence of service positions in the Rochester MSA:

	January 2002	**January 2005**	% change
Total non-farm jobs in Rochester MSA	505,500	495,000	.2% decrease
Service providing jobs	398,000	404,000	1.5% increase
Goods producing jobs	107,500	91,000	15% decrease
Manufacturing jobs	91,400	75,400	17.5% decrease

(Source: New York State Department of Labor)

In the first quarter of 2005, there were 505,652 jobs in the Rochester MSA. The following shows the percentage of these jobs in different sectors:

- Education and Health Services 20%
- Government 16%
- Information 16%
- Manufacturing 15%
- Trade 15%
- Professional and Business Services 11%
- Leisure and Hospitality 8%
- Financial Activities 4%
- Other Services 4%
- National Resources, Mining and Construction 4%
- Transportation, Warehousing and Public Utilities 2%

(Source: *Close-Up on the NYS Economy*, Center for Governmental Research, 1st Quarter, 2005)
*Percentages are based on the totals for All Employment Sectors in Rochester MSA

In 2005, workers in the Rochester MSA area averaged $20.22 per hour according to the US Department of Labor's national Compensation Survey. The figure is higher than the national average of $17.10 per hour.

The rate of job growth

Between 2000 and 2005, the overall number of jobs in the Rochester MSA has decreased by 16,831 jobs. The Rochester MSA did see job growth in the areas of professional and technical services; educational services; health care and social assistance; arts, entertainment and recreation; other services, government and unclassified. The number of private-sector jobs has decreased by 20,523 jobs (-6%). (Source New York State Department of Labor)

Industry Title	2005 Reporting Units	2005 Annual Average Employment	2005 Average Wages	2000 Reporting Units	2000 Annual Average Employment	Change in Employment
Total, All Industries	17,658	382,770	$40,019	17,069	399,601	-16,831
Total, All Private	17,343	332,558	$39,946	16,779	353,081	-20,523
Mining	12	157	$36,199	10	156	1
Construction	1,521	12,407	$43,974	1,577	13,171	-764
Manufacturing	951	60,647	$58,984	1,063	81,208	-20,561
Wholesale Trade	1,106	13,708	$55,783	1,186	14,689	-981
Retail Trade	2,265	40,764	$21,093	2,384	42,731	-1,967
Transportation and Warehousing	306	6,153	$29,661	301	6,542	-389
Information	275	10,058	$53,505	320	10,872	-814
Finance and Insurance	1,110	11,679	$57,970	1,016	12,182	-503
Real Estate and Rental and Leasing	734	6,168	$36,125	691	6,268	-100
Professional and Technical Services	1,895	20,584	$49,832	1,854	20,479	105
Management of Companies and Enterprises	132	10,458	$79,272	106	10,531	-73
Administrative and Waste Services	852	20,060	$26,596	873	21,954	-1,894
Educational Services	257	21,212	$44,939	218	15,817	5,395
Health Care and Social Assistance	1,677	53,832	$32,883	1,587	51,658	2,174
Arts, Entertainment, and Recreation	255	4,837	$17,427	252	4,511	326
Accommodation and Food Services	1,311	24,210	$12,959	1,368	25,893	-1,683
Other Services	1,810	13,109	$21,687	1,804	11,679	1,430
Total, All Government	315	50,212	$40,504	290	46,520	3,692
Unclassified	817	799	$23,947	113	236	563

Unemployment
Monroe County has continued to see an increase in the percent of individuals 16 and older who are unemployed from 1996 until 2002 when a high of 5.7% was reached. Since 2002, the unemployment numbers have gone down which may relate more to a loss in population than an increase in jobs. Monroe County's rate for 2005 of 4.6% is slightly below the state rate of 5.0%. As of June 2006, the rate for Monroe County was 4.5%. (Source New York State Department of Labor)

1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
3.5%	3.6%	3.6%	3.9%	3.8%	4.3%	5.7%	5.6%	5.2%	4.6%

Income

Countywide income levels are significantly higher than those of city residents. Monroe County's median income is slightly higher than the national average and is comparable to the statewide median income.

	Monroe County	**City of Rochester**	**NY State**	**US**
2000 median income per household	$44,891	$27,123	$43,393	$41,994
2000 median income per capita	$22,821	$15,588	$23,389	$21,587

(Source: 2000 Census)

Median incomes in the City of Rochester compare favorably with those of the two other similarly sized cities in the region:

- Buffalo's 2000 median income per household was $24,536 and per capita was $14,991.
- Syracuse's 2000 median income per household was $25,000 and per capita was $15,168.

The gap between median household income in the city and the overall county has widened:
In 1990, the median income for a household in the City of Rochester was 65% of the overall county's median household income. By 2000, this disparity had widened as the median income for households in the city was only 60% of that of the county as a whole.

Incomes have risen in Monroe County:
From 1990 to 2000, both the city and the overall saw a decrease in the percent households earning less than $25,000 per year and an increase in the percent of households earning more than $60,000 per year

	Monroe County		**City of Rochester**	
	1990	2000	1990	2000
% earning less than $25,000/year	34.6%	27.2%	53.1%	46.6%
% earning more than $60,000/year	21.5%	36%	8.8%	17.2%

Married-couple families clearly fare better than female-headed families in terms of income:

	City of Rochester	Monroe County
2000 median income for all female headed households	$17,953	$25,265
2000 median income for female-headed households with children under 18	$14,824	$19,541
2000 median income for married-couple households	$48,400	$66,405
2000 median income for married-couple households with children under 18	$48,924	$70,156

(Source: 2000 Census)

Income disparities among whites and African Americans:
A recent report for the American City Business Journals found that using 2000 census data, the Rochester metropolitan area ranks 5th in the country among all 47 metropolitan areas with more than 1 million residents for income disparity between whites and African Americans. The Buffalo metro area ranks second. Syracuse was not included due to size. Nationally, African American households have $649 of income for every $1000 earned by white households. According to the 2000 census, in Monroe County, this disparity is more extreme at $467 to $1000. The median income of African American households in Monroe County was $28,485, while it was $61,055 for white households.

Working Poor: In 2003, 47,546 households in Monroe County received the Earned Income Tax Credit, which is a federal tax credit for low income working families, primarily for those supporting children. The total amount of EITC refund to Monroe County families was $81,773,269 for 2003. The EITC is available according to income and number of family members; for example, a single mother of two or more who earned under $33,178 in 2002 was eligible for the EITC. Using 2000 census data, it can be estimated that 17% of the households in Monroe County are eligible for the EITC. New York State also offers state EITC. In 2003, there was an additional $24,531,980 claimed by Monroe County residents from New York State in EITC. (Source: United Way of Greater Rochester)

In July 2006, Monroe County had approximately 1350 households on Temporary Assistance in which at least one member of the household was working. The average monthly income for these households was approximately $650.

Poverty

Poverty is defined as an income at or below the federal poverty level, which is designated each year by the federal Department of Health and Human Services. In 2000, the poverty level for a single person was $8,350 per year and $17,050 for a family of four.

A major challenge facing Monroe County is its high rate of child poverty. According to the Children's Defense Fund, the city of Rochester's child poverty rate is the 11th highest in the nation. As can be seen by the chart below, children and those in female-headed households are more likely to be living in poverty in our community and those 65 and over are the least likely to be in poverty. (Source: 2000 Census)

Poverty Rates from the 2000 Census		
	Monroe County	**City of Rochester**
Child Poverty Rate	15.6%	37.1%
Poverty Rate of those 18 and over	9.5%	21.1
Poverty Rate of those 65 and over	7.4%	15.4%
General Population Poverty Rate	11.2%	25.9%
Poverty Rate of Female-Headed Families	27.3%	39.8%
Poverty Rate of Female-Headed Families with Children under 5	49.1%	56.6%
Poverty Rate of All Households	8.2%	23.4%

Poverty Rates from the 1990 Census		
	Monroe County	**City of Rochester**
Child Poverty Rate	15.9%	37.8%
Poverty Rate of those 18 and over	8.4%	18.1%
Poverty Rate of those 65 and over	7.2%	13.3%
General Population Poverty Rate	10.4%	23.5%
Poverty Rate of Female-Headed Families	31.8%	45.9%
Poverty Rate of Female-Headed Families with Children under 5	62%	70.8%
Poverty Rate of All Households	7.7%	21.1%

- Monroe County's child poverty rate compares favorably to that of New York State (19.6%) and the entire U.S. (16.6%), but the City of Rochester's rate is much higher.
- A similar pattern can be seen in the poverty rates of adults aged 18 and over. The overall Monroe County poverty rate for adults is lower than the state (14.6%) and national rates (11.3%), but the adult poverty rate in the City of Rochester is higher.
- **Since 1990, child poverty has declined slightly in overall Monroe County and Rochester, but poverty for those 18 and over has increased.**
- Between 1990 and 2000, the poverty rate for female-headed households decreased markedly, especially for those with children under the age of five.
- The other two urban centers in the central/western New York region also have high child poverty rates. The child poverty rates of Buffalo and Syracuse are 38.7 and 35.4% respectively.

Non-white children are more likely to be living in poverty:

Race/Ethnicity	*Percent of children living in poverty*
White	7%
African American	39%
Native American	29%
Asian	12%
Other race	45%

2 or more races	31%
Latino	41%

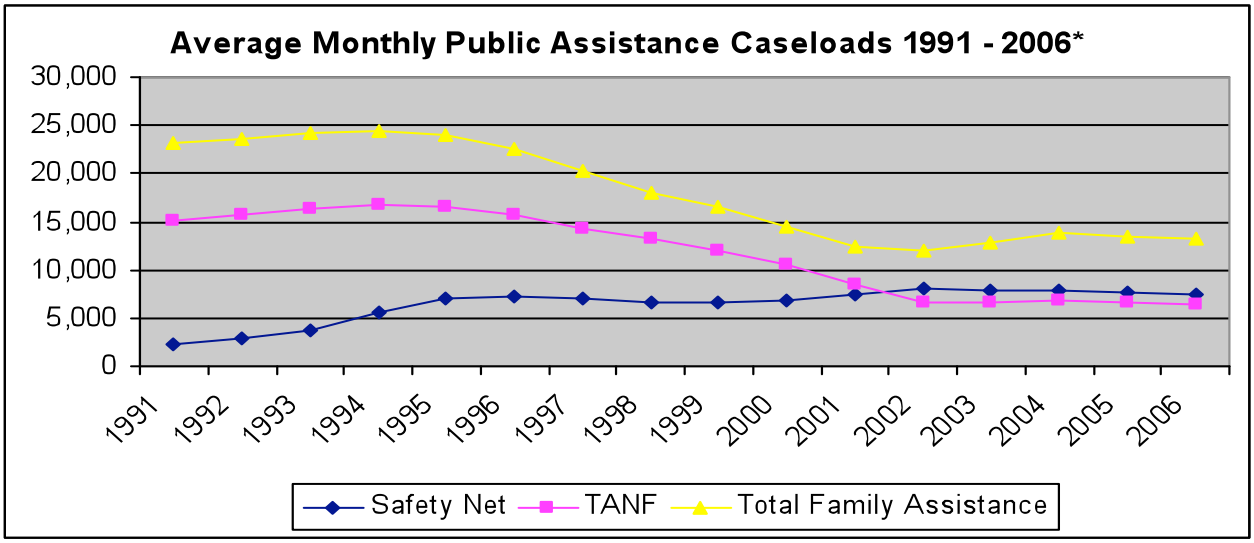
(Source: 2000 Census)

According to a May 2003 report by the Children's Defense Fund, 49% of Spanish-speaking children in the city are living in poverty, giving Rochester the rank of sixth in the nation for Latino child poverty among the 244 largest U.S. cities. The statewide poverty rate for Latino children is 36% and nationwide it is 28%. According to this report, Buffalo and Syracuse are ranked first and second in the nation among large U.S. cities in terms of poverty among Latino children.

Public Assistance Usage

There are two cash assistance programs in Monroe County: TANF, or Temporary Assistance to Needy Families, and Safety Net, for which families may be eligible after they reach their lifetime limit under TANF or if they meet other eligibility criteria. The Safety Net program also serves adults without children.

- According to 2000 census data, 5.4% of households countywide and 13.6% of city households had public assistance income. This is down from 7.6% countywide and 16.5% in the city in 1990.
- 10.4% of children and youth in Monroe County received cash public assistance in 2004, down from 17.2% in 1995. Statewide, 7.7% of children and youth received public assistance in 2004, down from 17.1% in 1995. (Source: Kids COunty 2003; 2005)



*Data from 2006 is the average of the caseloads for the months of January through July.

Temporary Assistance to Needy Families (TANF) caseloads The average monthly family assistance caseload in 2004 was 6,879. In 2005, the average caseload decreased by 2.6% to 6,697 average monthly cases in Monroe County. In 1994 when TANF cases were at their highest level,

there was an average of 16,704 cases per month. Data from the first seven months of 2006 show an average of 6,442 cases per month. In 2005, approximately 1% of Monroe County's population received family assistance.

While Monroe County has experienced a sharp decrease in cash assistance usage, there is evidence that TANF caseloads have fallen even more in other areas of the state. According to the Greater Upstate Law Project, between August 1996 and October 2000, while Monroe County had a 34% decrease in TANF caseloads, caseloads in Erie County, which includes Buffalo, dropped by 42% and those in Onondaga County, which includes Syracuse, dropped by 50%. New York State on the whole had a 42% decline in TANF recipients during this period.

The Safety Net caseloads have also declined since the mid-1990s although they have risen in the past four years. According to the 2003 DHS budget, this recent increase is due to TANF cases shifting to the Safety Net program when they reached their five-year federal lifetime limit on receiving TANF benefits. These families are eligible for non-cash benefits through the Safety Net program. The DHS budget estimates that Safety Net caseloads will continue to drop in coming years. In 2004, the average monthly caseload was 6,961 cases per month. In 2005, the average per month decreased by 2.4% to an average of 6,793. In looking at the first seven months of 2006, average monthly caseloads continue to increase slightly. The average monthly caseload for this year is 6,825. In 2005, approximately 1% of Monroe County's population received Safety Net assistance.

Food Stamps

- Food stamp usage among non-Public Assistance households was relatively stable from 1995 to 2000, but from 2000 to 2001, there was a 38% increase from 7,284 to 10,034 non-TANF households receiving food stamps.
- The average non-Public Assistance monthly caseload for 2004 was 21,514. The average for individuals per month was 39,849.
- The average non-Public Assistance monthly caseload for 2005 was 23,796. The average for individuals per month was 43,188.
- During the first seven months of 2006, the number of non-Public Assistance Food Stamp cases increased from 23,796 in 2005 to 23,880 in 2006. The average individual caseload increased from 43,188 in 2005 to 43,606 in 2006.
- The monthly average for all Food Stamps cases in 2005 was 35,822 and 35,635 in the first seven months of 2006. The average number of individuals decreased from 73,734 in 2005 to 73,107 for the first seven months of 2006.

Seniors receiving Supplemental Security Income (SSI)

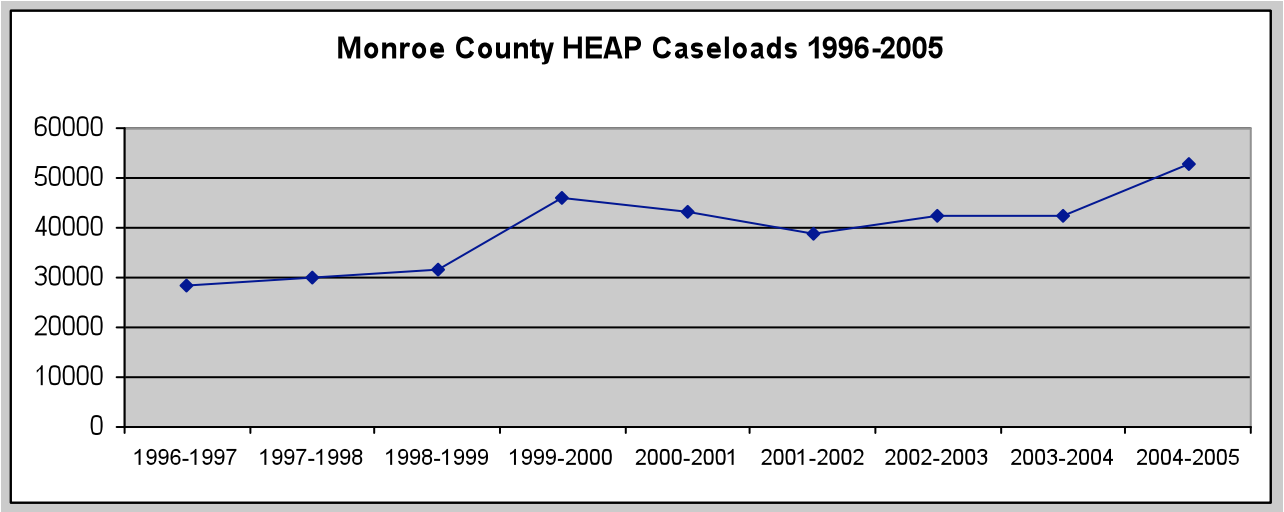
In 2005, an average of 3,852 non-disabled seniors in Monroe County received SSI, an increase from 1995, when an average of 2,349 seniors were on SSI. These are small numbers in terms of the senior population of Monroe County; using 2000 census figures, the 1995 and 2005 SSI caseloads accounted for only 2.5 and 4% of the senior population respectively.

Adults (age 21-65) with disabilities on SSI Aid to the Disabled or the Blind

There was a monthly average of 12,263 SSI cases for adults, ages 21-64 in 2005. Currently there are 12,757 individuals, ages 21-65, in receipt of MA-SSI in Monroe County.

Children and Youth on SSI
Numbers of minors receiving SSI have remained fairly steady in Monroe County in recent years. In 1995, an average of 3,022 individuals under the age of 21 received SSI. In 2005 an average of 3,852 individuals under the age of 21 received SSI.

Heating and Energy Assistance Program (HEAP):



*Each season lasts from October 1 of one year to September 30 of the following year.

Child Care Assistance
In 2004, there were an average of 10,340 children receiving childcare assistance per month. In 2005, this average was down by over 800 to 9,526 children per month. During this period, the distribution of child care assistance cases among day care centers, family day care homes and informal day care remained constant, with 24% of cases in center-based care, 30% in family care 46% in informal care arrangements.

Day care assistance for families receiving cash assistance has declined somewhat, from an average monthly caseload of 4,574 in 2004 to 4,278 in 2005. Day care assistance to low income families who are not on cash assistance fell from a monthly average of 4,984 cases per month in 2004 to 4,528 per month in 2005. In addition, childcare assistance is provided to 800 to 1,000 families who are involved in Preventive Services, Child Protective Services, foster care or other situations. These numbers remain fairly steady.

Medical Assistance

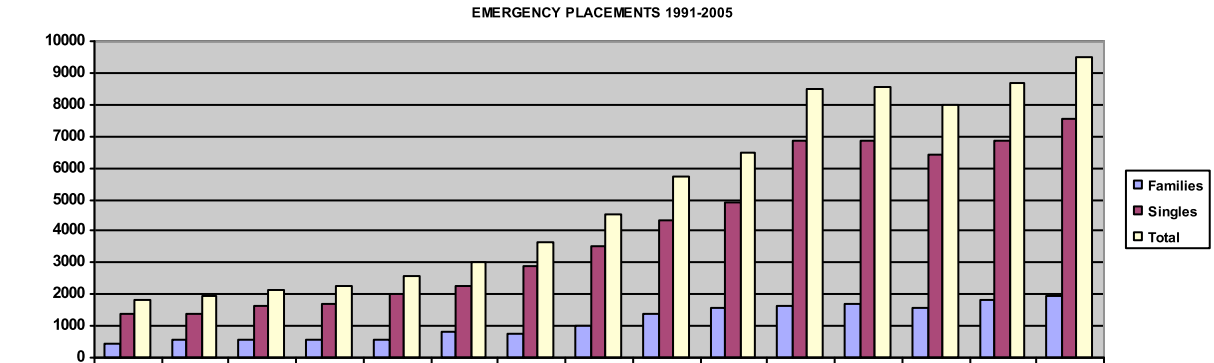
- During the first seven months of 2006, an average of 54,685 households received Medicaid each month. 50% of them were in the regular Medicaid program, 13% were in Family Health Plus, and 37% were SSI recipients with Medicaid coverage.

- In 2003, 33.0 percent of births in Monroe County were Medicaid/Self-pay, meaning that they were to mothers who were either on Medicaid or uninsured. This is lower than the statewide average of that time period of 40.8% (Source: New York State Touchstones/KIDS COUNT 2005)

Homelessness

Adult and Family Homeless Data

Monroe County continues to see an increase in emergency placements of both families and singles in 2005. 2005 represented a 9% increase over the number of emergency placements in 2004. This increase is negligible when compared to a 30% increase between 2000 and 2001.



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Families	421	547	555	597	586	796	781	1021	1401	1566	1615	1707	1596	1802	1959
Singles	1388	1415	1604	1675	2003	2242	2875	3520	4336	4911	6857	6846	6395	6881	7526
Total	1809	1962	2159	2272	2589	3038	3656	4541	5737	6477	8472	8553	7991	8683	9485

The major cause of homelessness, 62%, continues to be eviction by primary tenant. (Families/individuals residing in the homes of relatives or friends that are asked to leave. They are often asked to leave due to overcrowded conditions, substance abuse, domestic disputes, family breakup and strained relationships.) The second leading cause of homelessness, 16%, was due to being released from an institution without a plan for permanent housing. (Institutions include hospitals, substance abuse treatment programs and the Monroe County Jail.)

During 2005, Monroe County provided emergency housing to 1,959 families and 7,526 individuals/singles. The placements do not represent an unduplicated number either as individuals or families may be placed several times in a year. (Source: MCDHS Housing/Homeless Services 2005 report) During 2005, MCDHS contracted with various community agencies for a total of 335 emergency beds for homeless families and individuals. When the shelters are unable to accommodate a placement, the MCDHS utilizes various hotels in the area, this adds approximately 100 additional beds for men, women and children. MCDHS has a Memo Of Understanding with the Rochester Area Interfaith Hospitality Network (RAIHN). RAIHN runs a program that temporarily houses homeless families at no charge, and are able to serve up to 14 individuals at a time. MCDHS utilizes this program when there is space available, and they have clients who are appropriate for the program. In 2005, 68% of the placements were in shelters, 31% in hotels and about 1% in leased homes. The average LOS in a shelters for families and singles is 9 days. Families LOS in hotels is

7 days while singles spend on average 2 days in hotels. Leased homes are only available for families (generally large family units. The average stay in leased homes is substantially longer, 26 days. This may have to the difficulty in finding stable, permanent housing for large family groups.

In 2005, 603 youths (16-21, unduplicated) were placed in emergency housing. Since some youth have multiple stays in emergency housing, the actual number of emergency placements for 16 -21 year olds was 926. Thirty –two percent of the placements were in the youth shelter system, 48% in the adult shelter system and 20% were placed in hotels.

Monroe County spent $4,274,054 in 2005 for emergency placements ($451 per day on average). While the total amount Monroe County spent has gone up the actual cost per day has been declining since 2000.

Runaway/Homeless Youth Data

Youth Shelter Placements: As shown on the table below, from 1997 to 2004, there was a steady increase in the numbers of youth receiving youth shelter services. In 2005 there was a decrease in the number of youth sheltered by 9% at Genesis House, in the same time period the days in care of youth sheltered increased by 9%.

	1997	**1998**	**1999**	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
Hillside Emergency		50	16	31	30	37	35	55	66
Center for Youth Shelter	249	240	250	224	208	279	176	190	189
Center for Youth Host Homes	16	15	15	22	22	15	19	5	5
Genesis House	144	144	130	160	164	187	191	251	222
Total	**409**	**449**	**411**	**437**	**424**	**518**	**421**	**501**	**477**

DHS Emergency Housing for Youth: The table below shows emergency housing placements for youth ages 16 – 20 placed by Department of Human Services.

	1999	**2000**	**2001**	**2002**	**2003**	**2004**	**2005**
Adult Shelters	279	290	359	469	568	504	433
Hotels	61	124	54	187	105	177	189
Youth Shelters	105	117	229	300	361	348	298
Total	**445**	**531**	**642**	**956**	**1,034**	**1,033**	**930**

There were 930 DHS emergency housing placements for youth in 2005. This number has more than doubled since 1999, when there were 445 such placements. These numbers include youth who have been sheltered more than once in each year. Youth housed include single male, single females and teen parents with children. In 2005, DHS emergency placements of youth decreased by 9%. This

decline can be attributed to two main reasons: increase in individual stays and problems for youth in accessing beds. Access to placement services was addressed in 2005 by the Minor Applicant Work group which resulted in implementation of a standard assessment process for all 16 & 17 year old youth requesting DHS temporary assistance. (Source: Monroe County Youth Bureau).

Available beds: The number of emergency beds available to young adults 16-20 years of age has increased over the years. In 1995, Women's Place, a shelter for adult women, began housing pregnant and parenting teens. They have averaged 80-90 emergency placements a year since that time. In 1995, Genesis House increased from eight to ten beds. In May of 2001 Mercy Residential's Melita House began providing emergency housing to pregnant and parenting teens, averaging 90-100 emergency placements a year. In March 2004, Genesis House again increased their beds from 10 to 14, which increased the number of youth they could shelter by 30-60 youth annually (actual numbers will vary depending on days in care).

Since 1993, Monroe County Youth Bureau in partnerships with several area shelter providers, began to develop a transitional housing resources for older youth 16 -20. In 1993, Hillside Children's Center's Alternatives for Independent Youth (AIY) in collaboration with the Rochester Monroe County Youth Bureau and Rochester Housing Authority and Department of Social Services developed 10 bed Scattered Supportive Apartment program. This program houses 25-27 youth per year. In 1999, Mercy Residential's Melita House developed three (3) transitional beds for teen mothers and their children. In 2002, both Hillside and The Center for Youth Services added six transitional beds for this population. That same year Hillside added five beds, including a parenting teen bed. As of 2006, Monroe County has 25 transitional beds for older youth.

Housing

Cost of housing in the Rochester MSA: Median home price in 2001, $100,000, annual income needed to afford this home is $31,861, assuming a 10% down payment. (Source: National Association of Home Builders, *Housing Opportunity Index*, 2001) Fair market rent is $561/month for a 1 bedroom apartment and $687 for a 2 bedroom. The hourly wage needed to afford these apartments is $10.79 and 13.21 respectively. (Source: National Low Income Housing Coalition, *Out of Reach,* 2004)

In 2000, there was an 89.2% occupancy rate of Monroe County's housing stock.

	City 1990	City 2000	Suburbs 1990	Suburbs 2000
% of housing units owner occupied	41%	36%	62%	61%
% of housing units vacant	7.4%	10.8%	4.7%	6%
Total housing units	101,154	99,789	285,542	304,388

There was a 6.6% increase in the amount of housing units in the suburbs from 1990-2000 and a 1.3% decrease in the city during this time, which is roughly mirrors the population shift that occurred.

Section 8 households: Over 70% of Section 8 households in Monroe County are in the city (income is 50% or less of the area median income)

III. HEALTH AND SAFETY

Birth and Infancy Indicators

Rate of births to women who received prenatal care during their first trimester of pregnancy
In 2003, 76% of live births in Monroe County were to women who received prenatal care during their first trimester. This is comparable to the statewide average of 75%. In 1995, 78% of births were to women who received first trimester prenatal care, so there has been little change. These numbers compare favorably to the 1999 statewide average, which was 71.7%. There is a disparity between the city and suburban Monroe County as 62.6% of births in the city and 86.1% of those in the suburbs received first trimester prenatal care in 1999. (Source: United Way 2003 Community Profile) (Source: Monroe County Health Department)

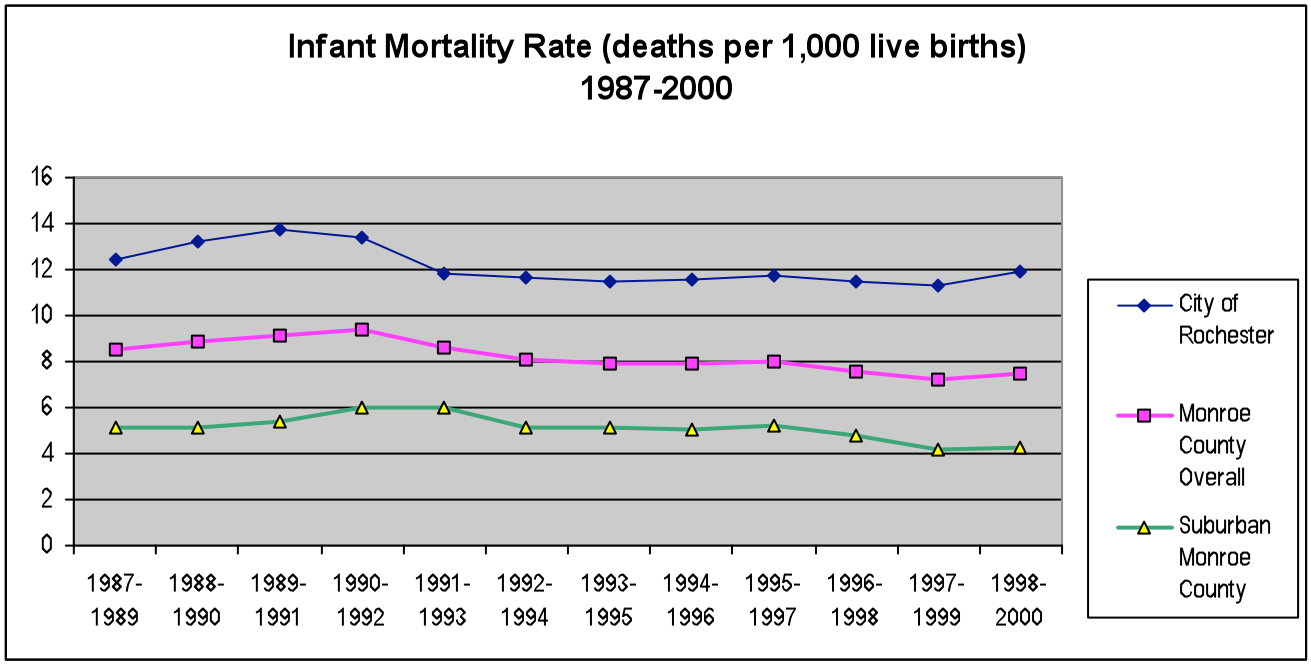
Low birth weight births (less than 2500 grams or about 5.5 pounds) occurred in 7.4% of live births in 2003. In 2000, 11% of babies born in the city and 5.4% of those born in the suburbs suffered from low birth weight. (The actual numbers were 415 city babies and 303 in the suburbs.) The rate has been fairly constant in recent years, hovering right around 7%. In 1995, the rate was 7%, accounting for 705 babies. Statewide, the rate is 7.9%. (Source: United Way 2003 Community Profile and Kids Count 2005) Nationally, 7.6% of infants born in 2000 were low weight at birth.

Infant mortality rates are considerably higher in the City of Rochester than in suburban Monroe County. Infant mortality rates are also higher among African Americans than the white population in both the city and the suburbs.

Infant Mortality Rate for Whites and African Americans in Monroe County

	2-Year Infant Mortality Rate (1999-2000)	2-Year Infant Mortality Rate (2001-2002)
Monroe County- White	5.60	4.77
Monroe County- African American	15.29	12.73
City of Rochester- White	9.94	6.89
City of Rochester- African American	16.11	13.92
Suburban Monroe County- White	3.84	3.89
Suburban Monroe County- African American	6.85	4.975

(Source: Monroe County Health Department)



- The national infant mortality rate was 9.2 deaths per 1,000 births in 1990 and 6.9 per 1,000 in 2000.

Teen birthrate

- Monroe County had a decline from 1,745 to 1,662 teen pregnancies among females ages 10 to 19 between 1995 and 2000.
- From 1995 to 2002 in Monroe County, number of births to teens ages 15 to 17 decreased from a rate of 75.3 to 54.3.
- At least 75% of all teen births from 1995 to 2000 in Monroe County occurred in the city.
- The city has experienced a 9% decline in its rate of teen births (74.5 births to 67.2 per 1,000 females ages 15-19), but it is still 8 times the suburban rate.
- National teen birth rate: In 2000, there were 27 births per 1,000 females 15-17. In 1990, this rate was 37. Overall, the national average for 2000 was 48 births per 1,000 females 15-19, a 20% decrease from 1990.
- When rates from 1998-2000 are compared for different age groups of teens in Monroe County, it is clear that most births occur among older teens. For these years, 10-14 year olds had a birth rate of 0.8 births per 1,000 females in this age group. 15-17 year olds had a rate of 26.5, and 18-19 years olds had a rate of 63.5. For these 3 years, there were 64 births to the first age group, 1,101 to 15-17, and 1,740 to 18-19 year olds. (Source: New York State Department of Health)
- Though there has been a decline of about 50 births per year since 1995, 675 babies were born to teen parents in the city of Rochester in 2002. (Source: Monroe County Youth Bureau)

Repeat births to teens ages 15 to 19

This rate refers to the percentage of adolescents giving birth during a year who had previously given birth. Countywide, there was an almost 1% increase in repeat births from 2001 (323 repeat births)

to 2002 (325 repeat births). During that period, repeat births for city teens increased 4% and decreased 2% for suburban teens.

Births to unmarried women
In 2002, 35.8% of births were to unmarried women. This is an increase of 8% from 2001. The state average for 2002 of births to unmarried women is 35.7%. (Source Monroe County Department of Health and New York State Department of Health).

Child Health Indicators
Early Childhood Mortality (1-4)
The Monroe County rate is 4 deaths per 100,000 children 1-4 years old from 1998-2000, when there were a total of 30 deaths. The statewide rate during this period was 27.6 and Erie County's rate was 24.7. (Source: New York State Department of Health)

Childhood Mortality (5-14)
There were 52 deaths in this age group from 1998-2000 and the rate was 15.6 per 100,000 residents in this age range. This is higher than the statewide rate of 14.7. (Source: New York State Department of Health)

Childhood immunization rates have gone up in recent years.

Immunization Rates of 24-Month-Old Children

	1993	**1999**
Inner-city (part of the city where at least 50% of births are covered by Medicaid)	55%	84%
Rest of the city	64	81
Suburbs	73	88
White	89	88
Black	76	81
Hispanic	74	87

Elevated lead blood levels:
Lead poisoning is a big problem in Monroe County, especially in the city. According to a 2002 report from the Center for Governmental Research, 24% of the screened children between the ages of birth and 6 in the city had lead levels greater than or equal to 10 micrograms/deciliter, which is recognized as hazardous. 9% of the children countywide had elevated lead levels. On average, 4.4% of children across the country have elevated lead levels.

Asthma Hospitalizations:
An area of great improvement—for 0-4 year olds, the rate fell 50% between 1995 and 2000. From 1998-2000, there were 22.7 hospitalizations per year per 10,000 children ages 0-4. The statewide rate during this time was 70.1. Between 2000-2002, Monroe County's asthma hospitalization rate was 21.0, or 97 hospitalizations per 10,000 children. In this same time frame, asthma hospitalizations for youth ages 5 - 14 for was at a rate of 10.3, or 111 hospitalizations for every 10,000 youth. The state rate for children 0-4 is 65.8 and 22.2 for children 5-14. Monroe County

fell well below the state average. (Source: United Way 2003 Community Profile, New York State Touchstones/Kids Count)

Youth and Adult Health Indicators

Insurance coverage: A March 2001 report from the market research firm Harris Interactive showed that Monroe County residents have a high rate of health insurance coverage relative to the nation on a whole. However, this report did note that there has been a slight increase in the percent of people lacking health coverage in Monroe County since the late 1990s.

	Monroe County	**National Average**
Adults without health insurance	8%	16%
Children without health insurance	2%	13%
Latino adults without health insurance	21%	37%
African American adults without health insurance	10%	23%
Adults living below the federal poverty level without health insurance	31%	41.5%
Adults under 65 who have seen a dentist in the past year	81%	65%
Adults under 65 who have seen a doctor in the past year	90%	62%
Adults without a regular source of medical care	10%	27%

Overall mortality rates: From 2000 to 2002, the mortality rates for all ages in the total population have remained stable with 6,362 deaths in 2000, 6,167 in 2001, and 6,265 in 2002.

Teen mortality (15-19): There were 75 deaths from 1998-2000 in this age group in Monroe County and the rate was 53 per 100,000 youth in this age group. The statewide rate was lower during this time period- 50.8. (Source: NY State Department of Health) In 2000, deaths from accident, homicide, and suicide accounted for ¾ of deaths in youth 15-19. From 1990 to 2000, nationwide there was a 10% drop in teen deaths due to accidents, 37% drop in teen deaths due to homicide, and an 18% drop in suicides. This has meant a nationwide drop from 71 deaths per 100,000 youth ages 15-19 to 51 deaths per 100,000. (Source: Kids COunty 2003; 2005). Unintentional injuries are the leading cause of death among adolescents in Monroe County and nationally. (Source: Monroe County Health Department, *Monroe County Youth Risk Behavioral Survey*, 2001)

Mortality due to accident, homicide and suicide:

Mortality due to suicide: There were 111 total suicide deaths in Monroe County from 2001-2002. The rate for this period was 7.5 per 100,000 residents, slightly higher than the statewide total of suicides of 1,040. The teen suicide rate during this period was 5.6 per 100,000 youth ages 15-19. There were 2 teen suicides in Monroe County in 1998, 4 in 1999 and 2 in 2000. Nationally, suicide is the third leading cause of death for adolescents. (Source: United Way 2003 Community Profile).

Mortality due to accidents: There was a total of 174 deaths due to accident (unintentional injury including motor vehicle) in 2001 and 202 in 2002. In 2002 there was a total of 2,734 total deaths related to accidents in New York State. (Source New York State Department of Health) which is the lowest in the 28 counties in the Central and Western N.Y. and the Finger Lakes regions. The statewide rate is 21.7.

Mortality due to motor vehicle accidents: A total of 121 deaths occurred between 2001 and 2002 in Monroe County. There were 7.1 deaths per 100,000 residents from 1998-2000, again the lowest in the 28 counties in Central and Western NY and the Finger Lakes regions. The statewide rate is 8.7.

Mortality due to heart disease: Monroe County's heart disease mortality rate has declined gradually from 273 deaths per 100,000 people in 1995 to 257 deaths per 100,000 in 2000. During these years, the rate in NY State excluding New York City was consistently higher (worse) than Monroe County's. The Healthy People 2010 target for the nation is no more than 166 heart disease deaths per 100,000 people. (Source: United Way 2003 Community Profile) In 2001, 1785 total deaths were caused by Heart Disease, while in 2002 there were 1685 deaths caused by heart disease. This is a decrease of 5.6%.

Mortality due to lung cancer: Monroe County's lung cancer mortality rate has remained fairly steady between 1995 and 2000, ranging from 53.1 to 59.0 deaths per 100,000 individuals per year. In 2000, there were 59 lung cancer deaths per 100,000 people, or 434 deaths total. City rates are typically slightly higher than suburban rates and the countywide rate is consistently just below the average for NY State excluding New York City. (Source: United Way 2003 Community Profile) In 2001, there were 368 deaths from lung caner, with a slight increase of almost 4% of deaths related to lung cancer in 2002, with a total of 382 deaths. (Source: Monroe County Department of Health)

AIDS death rates: The rate of deaths due to AIDS in Monroe County decreased by almost two-thirds from 15.8 per 100,000 individuals in 1995 to 5.6 per 100,000 in 2000. The city of Rochester had a 1995 rate of 39.5 and a 2000 rate of about 15 per 100,000 people. (Source: United Way 2003 Community Profile) The number of AIDS deaths in 2001 was 29. In 2002, the number of deaths increased to 36, or almost 5 percent of the total Monroe County population. This is an increase of 17% between the years 2001 to 2002 of deaths due to AIDS.

Smoking: A survey by the Monroe County Health Department conducted in both 1997 and 2000 found that countywide, about one in four adults ages 18-64 reported smoking in the past 30 days. The 2001 Youth Risk Survey of Monroe County teens in grades 9 to 12 found that about 25% of reported smoking in the past 30 days. This percent was down from previous surveys conducted in 1995 and 1997 when over 35% of students reported cigarette use. Of all adults in Monroe County ages 18+, it is estimated there are 129,600 smokers. This is a rate of 23.7%. (Source: Monroe County Health Department)

Syphilis: In Monroe County, the rate of syphilis among youth ages 15-19 went from 10.9 cases/100,000 (1999 to 1996) to 2.1 cases/100,000 youth (1997-1999). The statewide youth syphilis rate from 1997-1999 was 2.6, so Monroe County rate compares well. (Source: Kids COunty 2003; 2005) From 1998-2000, there was 1 case of syphilis among 15-19 year olds, making a rate of 0.7 per 100,000 youth in this age group. From 1998-2000, there were 21 total cases of syphilis among all ages in Monroe County, making for a rate of 0.9 cases per 100,000 residents, much lower than the statewide rate of 3.9 for this period. (Source: NY State Department of Health) In 2001, there were less than six cases in Monroe County and in 2002 there were 18 cases. (Source: Monroe County Health Department STD Unit) Between 2000 and 2002, there were no reports of Syphilis among youth 5-19 years old. There were 11 cases of Syphilis among all ages between 2000-2002. (Source Monroe County Health Department)

Gonorrhea: Historically, Monroe County has the highest rate of gonorrhea among both adults and youth within NY State. For 1998-2000, Monroe County had a gonorrhea rate of 302.6 per 100,000 residents compared to a statewide rate of 105.9 per 100,000. The 2nd highest county, Bronx County, had a rate of 227.6/100,000. (Source: NY State Department of Health)

For youth, the rate of infection is more dramatic. For 1998-2000, the rate for youth 15-19 was 1,370.1 per 100,000 compared to a statewide rate of 418.5/100,000. This rate translates to 1,940 cases of gonorrhea among 15-19 year olds in Monroe County. (Source Kids COunty 2003; 2005 and NY State Department of Health)

In 2004, there were 29 cases of gonorrhea in youth ages 14 and younger. In youth 15-19, there were 443. In all age groups, there were a total of 1783 cases of gonorrhea in Monroe County. (Source: Monroe County Department of Health)

Substance Abuse Indicators

Teen drug and alcohol use: According to the 2005 Youth Risk Survey of Monroe County high school students:

- 4.6% of students used cocaine in the past 30 days. This is very similar to the reported 4% students in 2003.
- 3.4% of students reported ever having used heroin in their lifetime. This is down from 4.3% in 2003. The national average in 1999 was 2.4%, so this suggests that heroin may present a problem among Monroe County youth.
- 5.7% reported using methamphetamines during their lifetime. This is down from 6.5% in 2003. The national average in 1999 was 9.1%.
- 22.4% report using marijuana in the past 30 days. This is similar to the 23% of reporting students in 2003. 40.4% report ever having used marijuana.
- 44.6% reported drinking alcohol within the past month. This rate is similar to that of 2003 at 44%. 27% of all students and 34.6% of all high school seniors drank heavily (five or more drinks in a row, within a couple of hours).
- 4.9% sniffed inhalants such as glue, spray cans or paints to get high in the past 30 days
- 32.1% were offered, sold or given an illegal drug on school property within the last year.
- 5.3% reported ever using ecstasy.
- 8.6% reported ever taking over-the-counter drugs to get high
- 10.3% reported ever taking a prescribed drug from someone else to get high.

Alcohol-related motor vehicle crashes: There were 577 alcohol-related motor vehicle crashes in Monroe County in 2000, which represents a 64% increase from 1995, when there were 352. During this same period, New York State excluding NYC had a 40% increase in alcohol-related crashes. The rates of the county and the larger region are comparable.

Hospitalizations due to alcohol or drug-related illness in Monroe County fell 28.6% from 1996-2001. In 1996, there were 2,505 such hospitalizations and in 2001, there were 1,788. Most of these occurred in the City of Rochester, but these fell 41% during this period, from 1,860 to 1,098. The city rate fell from 10.4 to 6.6 hospitalizations per 1,000 adult residents and while the suburban rate remained consistent at slightly above 2 hospitalizations per 1,000 adults. (Source: United Way 2003 Community Profile)

The following substance abuse indicators suggest that Monroe County has relatively high levels of drug and alcohol abuse.

Substance Abuse Indicators- 2000*	Monroe County	Similar Counties **	New York State ***
Adult DWI (Driving While Intoxicated) Arrests	63.5	52.7	54.2
Adult DUI (Driving Under the Influence of drugs) Arrests	1.4	1.2	2.1
Alcohol-Related Hospital Diagnoses	11.4	14.9	12.4
Drug-Related Hospital Diagnoses	56.6	53.6	42.9
OASAS Alcohol Treatment	49.7	55.7	46.5
OASAS Drug Treatment	42.2	32.6	29.3
Drug Arrests	59.4	54.8	41.9

(Source: New York State Office of Alcoholism and Substance Abuse Services, December 2003)
*Each indicator is a rate per 10,000 adults aged 21 and over.
**Similar counties include Albany, Broome, Erie, Monroe, Niagara, Oneida, Onondaga, Rensselaer and Schenectady.
***New York State rates exclude New York City.

Mental Health Indicators

- 34,195 individuals received mental health services through the Monroe County Office of Mental Health in 2004. This was up 8% from 2001. 7,632 children under the age of 18 received public mental health services in 2004.

- From 2001 to 2004, the number of adults receiving inpatient mental health care increased by 35%, and the number of children receiving inpatient services rose almost 50%. In 2004, a total of 3,463 adults and 630 children received inpatient mental health services.

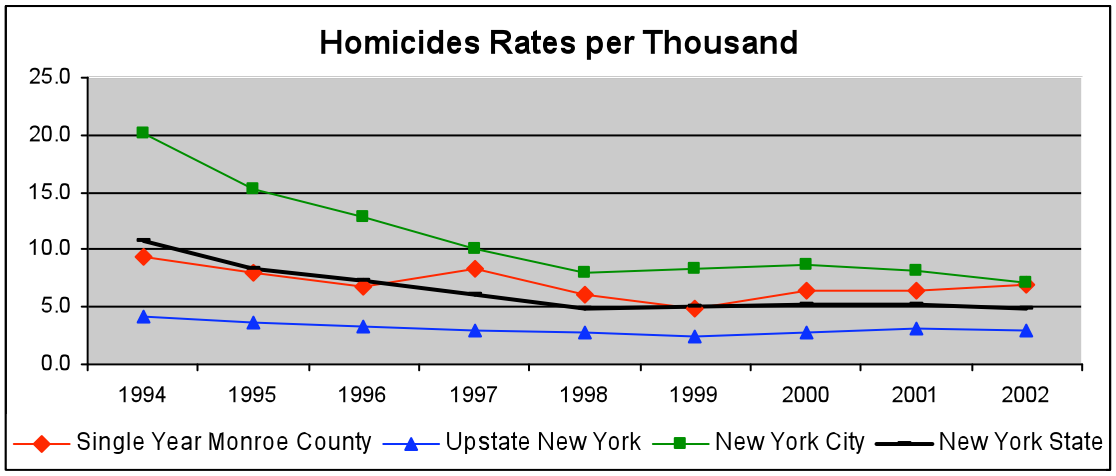
- The number of children and youth receiving Emergency Department-based mental health services increased by 34% between 2001 and 2004. The number of adults receiving ED mental health services increased by about 16% during this period. In 2004, 6,509 adults and 1,808 children received ED mental health services.

Prevalence of mental disorders
In developing estimates regarding the prevalence of children with Serious Emotional Disturbance (SED) within New York State, the NYS Office of Mental Health uses prevalence rates as reported by SAMHSA's National Mental Health Information Center, Center for Mental health Services (CMHS, Federal Register, Vol. 63, No. 137). These data suggest that 12% of children between the ages of 9 and 7 have a serious emotional disturbance. If this rate is applied to the 2000 census data for Monroe County, which shows a total of 96,960 children within this age range, it suggests that there are approximately 11,635 children ages 9-17 with SED.

Crime

Homicide Rate:

In 2003 there were 57 deaths from homicide, 40 in 2004 and 52 deaths from homicide in 2005 in Monroe County. The vast majority occurred in the city, which had a murder rate of 18.9 murders per 100,000 people while the overall county rate was 7.0 per 100,000 people. The suburbs have a similar murder rate to that of the New York State excluding New York City region, but the city's murder rate consistently brings that of the overall county above the regional average. (Source: NY State Department of Health)



(Source: DCJS)

Crimes:

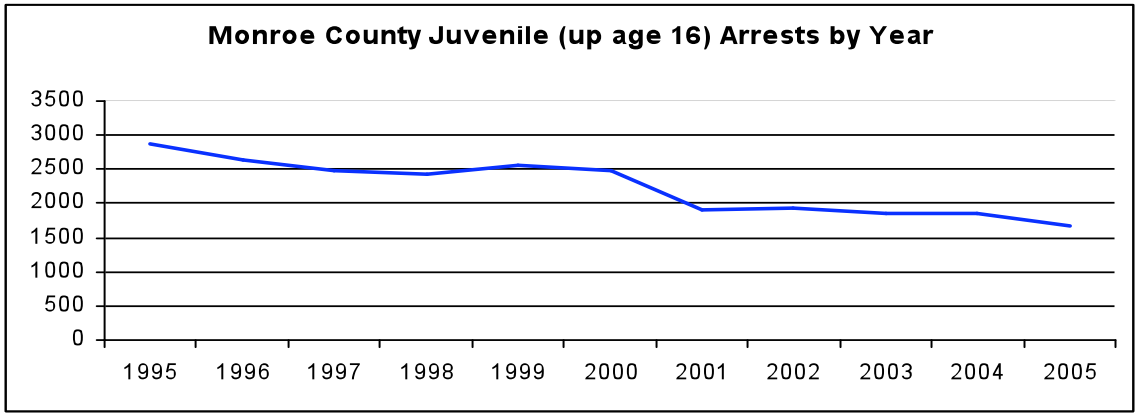
There was a reduction in crimes of all categories from 1995-2000 in Monroe County. There are 32% fewer Part I violent crimes, 19% fewer non-violent Part I crimes, and 14% fewer Part II crimes. In crimes of all categories, rates of crime are higher in the city. However, from 1995-2000 the city experienced a greater rate of decrease in all categories of crime than did the overall county. When compared to New York State, excluding New York City (region), Monroe County fares about the same as the region for Part I violent crimes, higher than the region for Part I nonviolent crimes, and lower than the region for Part II crimes.

The rate of all Monroe County Part I offenses has remained steady when comparing rates in 2002 to 2004. There was a slight increase in rates of less than 1% from 2002 to 2004. Both Part I violent and non-violent crimes remained steady from 2002 to 2004, with approximately 1% increase in rate for each.

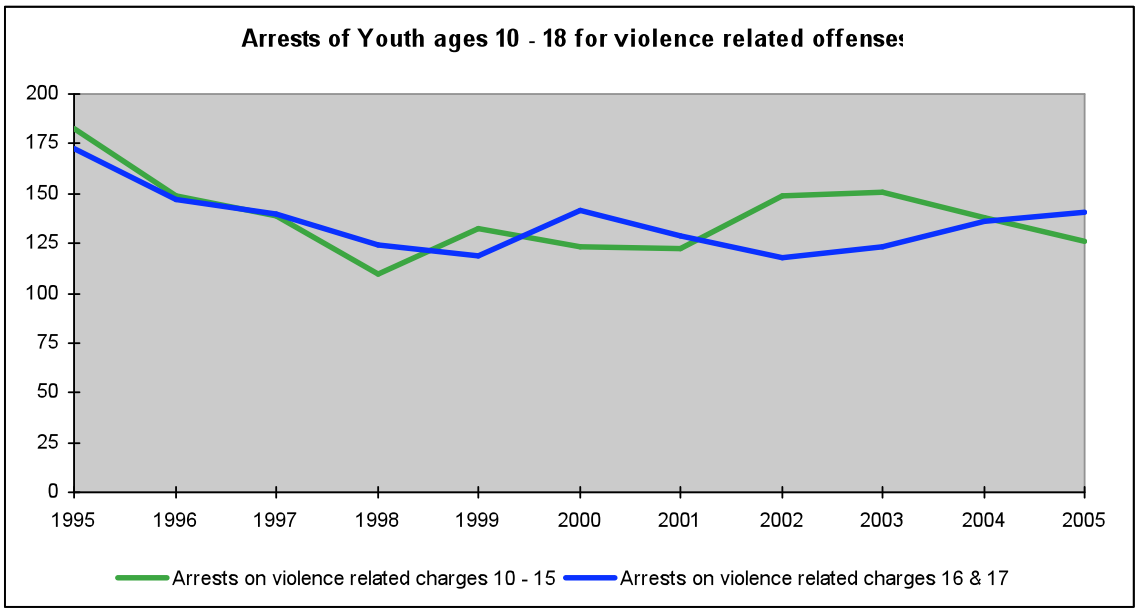
(Part I violent crimes are defined as murder, non-negligent manslaughter, forcible rape, robbery, robbery and aggravated assault. Part I nonviolent crimes are defined as burglary, larceny and motor vehicle. Part II crimes are defined as simple assault, disorderly conduct, DWI, sale/use of controlled substances, criminal mischief, fraud, forgery, stolen property, unauthorized weapon possession, prostitution, arson, etc.)

Youth Arrests

Since 1995, there has been a steady decline in youth arrests in Monroe County from a high of 2,883 in 1995 to 1,659 in 2005. Since 1995, there has also been a steady decline in youth arrests for Part I crimes throughout Monroe County and the NYS-excluding-NYC region. In 2000, there were 1,339 youth arrests in Monroe County for Part I crimes, which is 29% less than in 1995. (Source: United Way 2003 Community Profile.) There have also been reductions in the number and rates of youth arrests for Part II crimes in Monroe County since 1995. In 2000, there were 3,757 youth arrests in Monroe County for Part II crimes. Two-thirds of arrests occurred in the city. The youth arrest rate in the city is 4.5 times the suburban rate. (Source: United Way 2003 Community Profile.) Monroe County continues to have on of the highest arrest rates for property related offenses.



The Monroe County community continues to be concerned with the level of violence in the community. Eight of the 59 homicide victims in 2005 involved youth under age 18. even in light of the homicide figures, Monroe County has seen some decline in violence related arrests of juveniles (under age 16) (include murder, rape , manslaughter, aggravated assault, robbery, sexual offenses and kidnapping) since 1995.



Domestic Violence: Rochester, Monroe County, New York had the highest homicide rate in New York State for 2005 (*D&C, January 8, 2006*) of which 20% were domestic violence related. The Rochester Mayoral Transition Committee on Public Safety has identified domestic violence in the top four priority areas which need to be address to increase the safety and quality of life for the community (*"Rethinking Public Safety: The Structure of Government and the Promise of City Life"; A Report to Mayor Robert J. Duffy, December 27, 2005*).

Monroe County Department of Human Services Financial Services Division screens all applicants and recipients of Temporary Assistance for Domestic Violence. If the screening indicates a potential for domestic violence, an appointment is made with the Domestic Violence Liaison. In 2005, there were 572 scheduled appointments with the Domestic Violence Liaison of which 342 actual appointments occurred. Waivers may be granted if certain requirements for Temporary Assistance would put the applicant/recipient in danger. In 2005, 143 waivers were granted. 2006numbers appear to be similar.

In 2005, approximately 65,000 calls were made to 911 regarding incidents of domestic violence. 43,550 of the calls were made while the incident was in progress. (Source: Alternatives for Battered Women)

In 2005, 460 women and children received shelter services at Alternatives for Battered Women, the licensed domestic violence service provider for Rochester and Monroe County. Of that number, 12% were Hispanic/Latino, 65% Black/African American and 23 Caucasian. The total number of non-residential clients served individually in 2005 was 22,500 and 17,021 were served in groups.

IV. EDUCATION

Education Levels of Monroe County Residents:

Monroe County residents have relatively higher levels of education than national and state averages. City residents have somewhat lower rates of education, but there have been increases in both the city and the overall county.

Educational Attainment of Rochester and Monroe County Residents Aged 25 and Over				
	Percent that Completed High School		**Percent with a Bachelor's Degree or More**	
	1990	**2000**	**1990**	**2000**
City	68.8%	73%	19%	20%
Overall County	80.1%	84.9%	26.3%	31.2%
New York State	NA	79.1%	NA	27.4%
U.S.	NA	80.4%	NA	24.4%

(Source: 2000 Census)

High School Dropout Rate:
Monroe County as a whole has seen slight improvements in its school dropout rate (see chart below) in recent years. The Rochester City School District (RCSD) seems to have made significant progress, but continues to have rates higher than schools in the balance of the county. Suburban districts' rates have improved slightly and continue to be very low.

High School Dropout Rate						
	Student Population 9th-12th Grades		**Students Dropped Out of School**		**Drop Out Rate**	
	2000-01	**2004-05**	**2000-01**	**2004-05**	**2000-01**	**2004-05**
RCSD	8212	8713	813	761	9.9%	8.7%
Suburbs	25450	28149	280	277	1.1%	.98%
County	33662	36862	1093	1038	3.2%	3%

(Source: United Way Community Profile and NYS Education Department School Report Card 2004-2005)

Mandated Testing Results:
The chart below reflects testing results among Monroe County schools in fourth and eighth grade English Language Arts and Math tests. Meeting standards is defined as achieving performance scores of Level 3 (a score demonstrating that students are meeting standards and, with continued steady growth, should pass the Regents exams), or Level 4 (demonstrates students are exceeding standards and are moving toward high performance on the Regents exams).

Overall county schools saw steady improvement in the percentage of students meeting and exceeding education standards. RCSD results, while showing areas of significant improvement, continue to struggle at the eighth grade level.

Results of State Mandated Testing Among Monroe County Public School Students												
	Percent Meeting 4th Grade ELA Standards			**Percent Meeting 4th Grade Math Standards**			**Percent Meeting 8th Grade ELA Standards**			**Percent Meeting 8th Grade Math Standards**		
	1999	**2002**	**2005**	**1999**	**2002**	**2005**	**1999**	**2002**	**2005**	**1999**	**2002**	**2005**
Rochester	24%	45%	57%	NA	45%	72%	24%	18%	18%	10%	12%	20%
Suburbs	NA	NA	81%	NA	82%	92%	63%	58%	60%	58%	65%	72%
County	52%	66%	75%	NA	69%	87%	54%	47%	48%	47%	51%	57%

(Source: United Way Community Profile and NYS Education Department School Report Card 2004-2005)

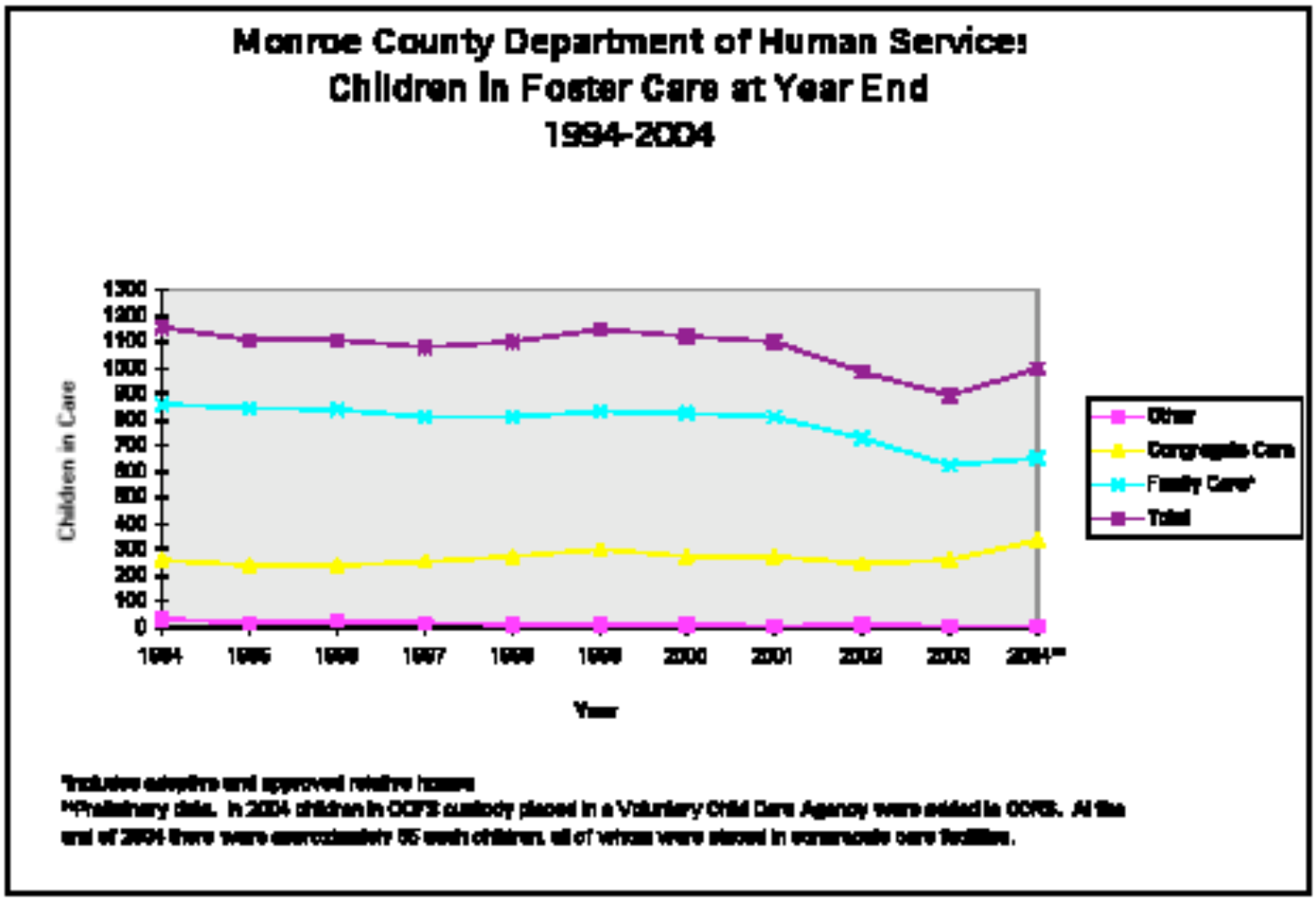
V. CHILDREN AND YOUTH

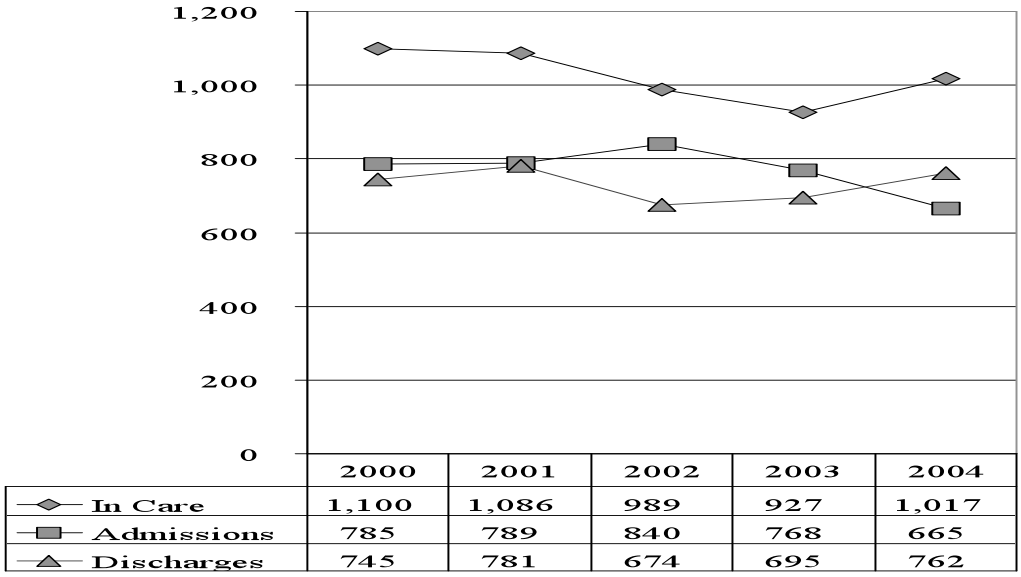
Children in Foster Care

In 2000, there were 1,169 children in foster care, representing 5.8 per 1,000 children from birth to 17 years. This number dropped over the next three years to a low of 899 in 2003. In 2004 the number of children in foster care rose to 1,017. The statewide rate in 2000 was 8.5. (Source: Kids County 2003; 2005, CCRS)

The chart below reflects numbers of children in foster care since 1994. While children in foster care at year-end remained steady for several years there was a decline from 2001 to 2003. In 2003 the data system used to compile local foster care numbers began including in its count the number of children who were placed in a local Voluntary Child Care Agency by the New York State Office of Children and Family Services. This reflects approximately 85 children in 2004, which resulted in a net increase of approximately 15 youth in foster care at year-end.
(Source: CCRS, NYS)

The chart below shows that there were generally as many foster care children admitted as discharged in Monroe County from 2000-2004.





(Source: CCRS, NYS)

Comparison of Monroe County's foster care rate to that of other counties:
Monroe County has one of the highest in-care foster care rates in relation to the five most comparable counties in New York State:

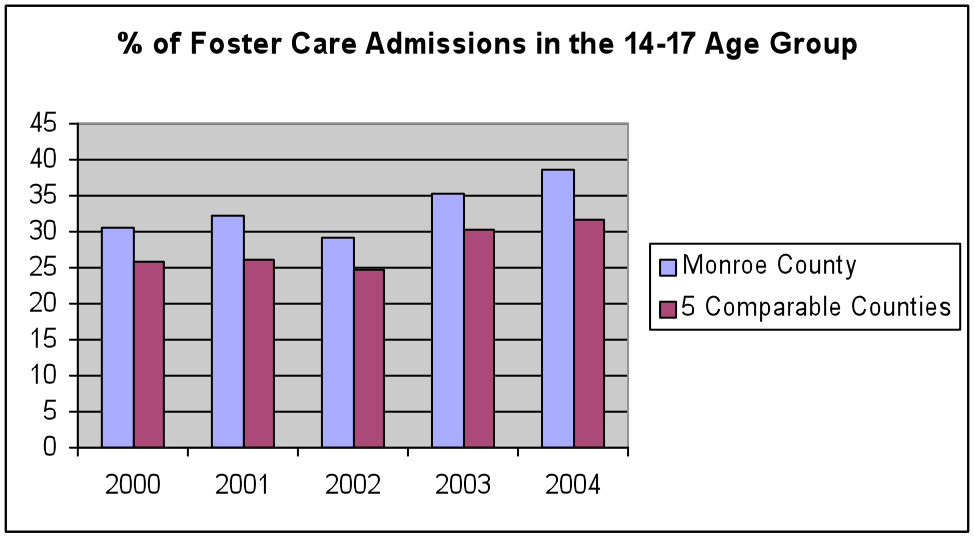
County	**Number of children in care for every 1000 children in the district in 2004**
Erie	4.6
Monroe	**4.5**
Onondaga	3.3
Westchester	2.6
Suffolk	2.2
Nassau	1.1

(Source: CCRS, NYS)

The county's foster care population broken into different age groups:
The following table shows admissions, discharges, and in care numbers for children in foster care in 2004 according to age. The group with the highest percentage in all categories is children in the 14-17 year age group. (Source: CCRS, NYS)

AGE:	**Admissions**		**Discharges**		**In Care**	
	N	**%**	**N**	**%**	**N**	**%**
< 2	125	16.4	73	11	92	9.0
2-5	101	13.3	106	15.9	144	14.2
6-9	91	11.9	81	12.2	123	12.1
10-13	150	19.7	118	17.7	194	19.1
14-17	294	38.6	236	35.5	391	38.4
18+	1	0.1	52	7.7	73	7.2

Comparison of the percent of foster care admissions in the 14-17 age group in Monroe County and the five most comparable counties:
The chart below shows that from 2000-2004, Monroe County had a higher percent of its foster care admissions in this age group than did the five most comparable counties.



Race and ethnicity of youth in foster care:
The following table shows admissions, discharges, and in care numbers for children in foster care in 2004 according to race and ethnicity. African American children are the largest racial group in foster care and in terms of race, non-Hispanics make up far more of the foster care population than Hispanics.

RACE:	**Admissions**		**Discharges**		**In Care**	
	N	**%**	**N**	**%**	**N**	**%**
White	167	21.9	126	18.9	213	20.9
African American	337	44.2	298	44.8	365	35.9
Native American/ Alaska Native	1	0.1	0	0	1	0.1
Asian	1	0.1	1	0.2	5	0.5
Unknown	256	33.6	240	36.1	433	42.6
ETHNICITY:						
Hispanic	63	8.3	37	5.6	79	7.8
Non-Hispanic	699	91.7	628	94.4	938	92.2

(Source: CCRS, NYS)

Placement of children with foster and adoptive parents of the same race or ethnicity:
Approximately 74% are matched with the same race or ethnicity. Whites, African Americans, and Non-Hispanics seem to have the same chances of being matched with the same race or ethnicity. However, race is unknown for 433, or 42.6% of children in care.

PLACEMENT IN FOSTER BOARDING AND ADOPTIVE HOMES: 2004

Child's Race	Total w/ Race or Ethnic Code	# Same as Foster/Adoptive Parent	% Same as Foster/Adoptive Parent
Total	415	307	74
White	154	106	68.8
African American	256	201	78.5
Native American/Alaska Native	1	0	0
Asian	4	0	0
Ethnicity			
Hispanic	59	35	59.3
Non-Hispanic	356	272	76.4
Unknown	251		37.7

Sibling groups in placement

The following table shows the rate at which siblings in foster care are separated, partly separated, or kept together. Smaller sibling groups are more likely to remain intact. For groups of two or three siblings in foster care, approximately half are kept together. For sibling groups of four or more, the majority is at least partially intact.

SIBLINGS IN FOSTER CARE:

	Separated		Partly Separated		Intact	
Group Size	**N**	**%**	**N**	**%**	**N**	**%**
Two	72	55.4	--	--	58	44.6
Three	15	17.9	45	53.6	24	28.6
Four or more	5	4.3	96	83.5	14	12.2

(Source: CCRS, NYS)

Time from admission to foster care until a goal is set (2004):
The following chart shows that younger children tend to have goals set more quickly after entering foster care. The majority of all children have goals set in less than two years after entering foster care.

ADMISSION TO GOAL SET:	Less than 2 Years		2 to 3 Years		More than 3 Years	
	N	%	N	%	N	%
Less than 8 years old	38	61.3	18	29	6	9.7
8 years old or older	25	47.2	10	18.9	18	34

(Source: CCRS, NYS)

Destination upon discharge from foster care:
The following shows the percentages of discharges from foster care according to destination in 2004. The majority of children return home upon discharge from foster care.

Destination Upon Discharge	Percent of Discharges
Home	75.2%
Adoption	12.8%
Independent Living Program	5.3%
Other State Agency	3.0%
Other destination	3.8%

(Source: CCRS)

Approximately 16.3% of children discharged from foster care in 2004 were readmitted within 24 months.

Children Returning to Foster Care by Length of Time Since Last Discharge:

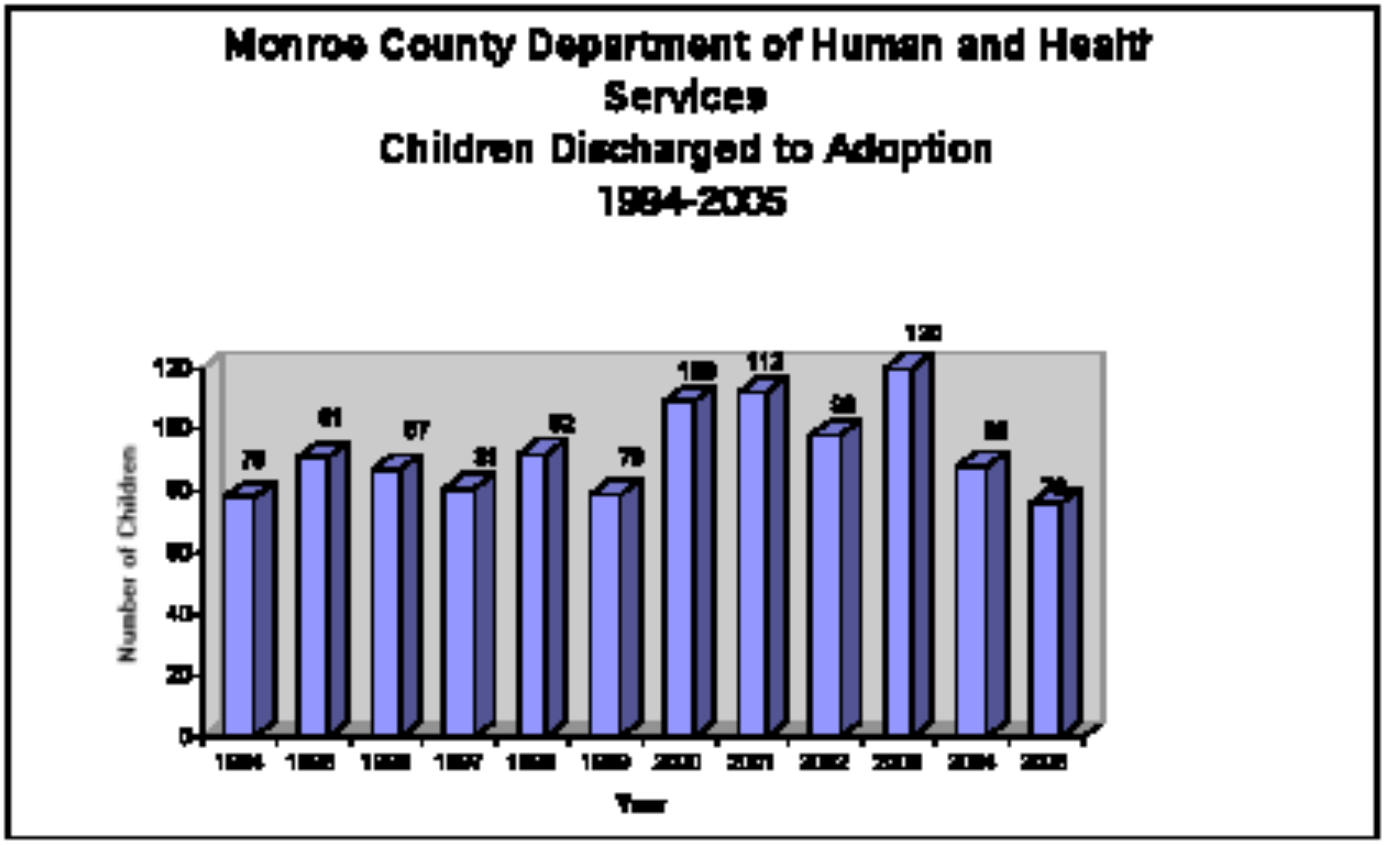
	Number	% of all children discharged in 2004
Total (0-24 months)	124	16.3
0-3 months	35	4.6
4-12 months	60	7.9
13-24 months	29	3.8

The following table indicates the percentages of children that were involved in preventive and/or child protective services prior to or at the time of 2004 foster care admission. Approximately half received preventive and/or child protective services.

	N	%
Preventive Services Only	109	14.3
Child Protective Services Only	138	18.1
Both Preventive And CPS	109	14.3
Neither Preventive Nor CPS	406	53.3

Adoption of children from foster care:

The chart below shows the number of children discharged from foster care into adoption in Monroe County since 1994. The number of discharges to adoptions was the lowest in 2005. The largest amount of discharges into adoptions occurred in 2003.

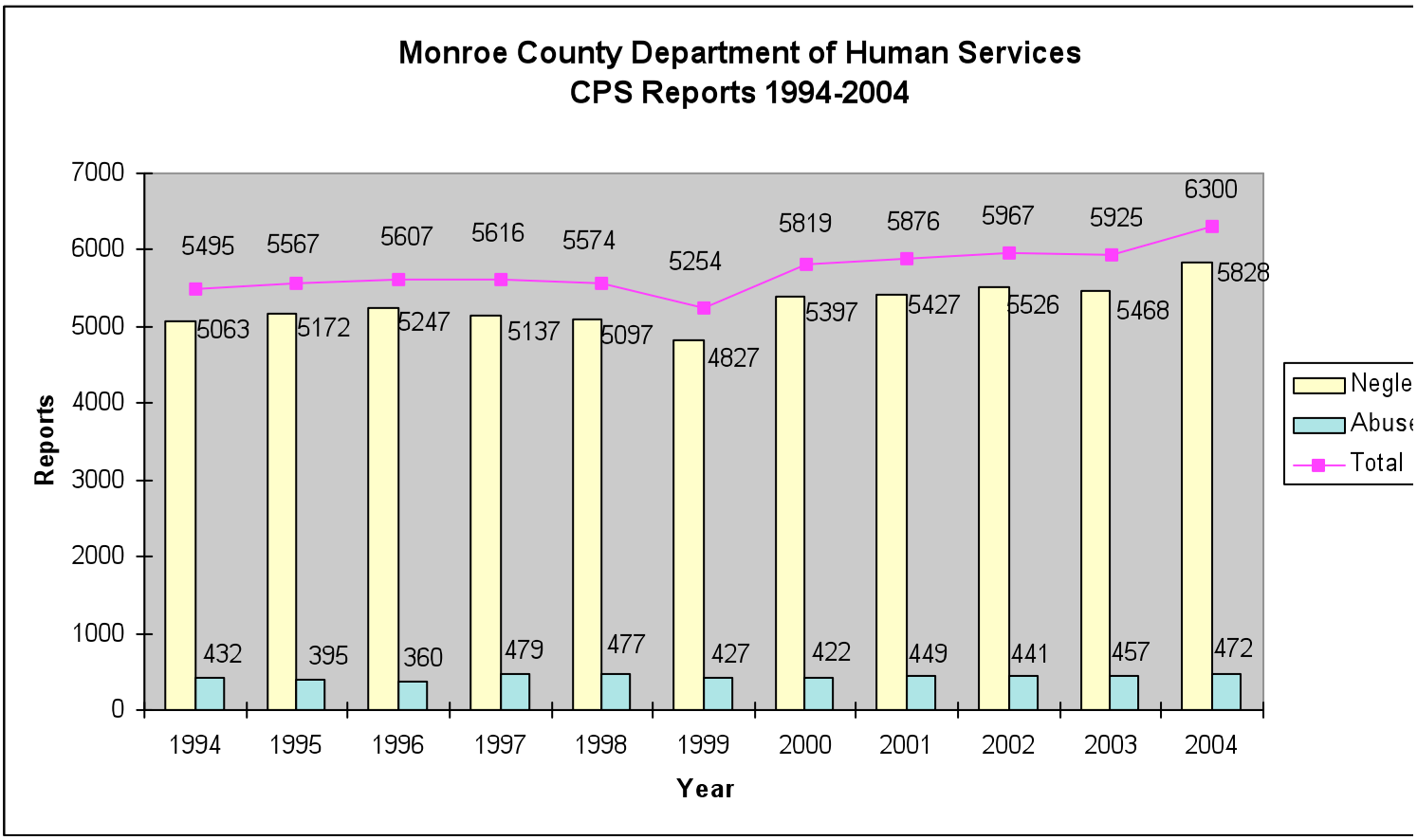


The chart below shows time from goal (being freed for adoption) to discharge for adoption according to age. Children less than eight years old have a greater chance of being discharged in less than two years than those eight or older. However, the majority of all ages are discharged in less than two years.

	TIME FROM GOAL TO DISCHARGE 2004					
	Less than 2 Years		2 to 3 Years		More than 3 Years	
Child's Age	N	%	N	%	N	%
Less than 8 years old	40	85.1	5	10.6	2	4.3
8 years old or older	23	60.5	8	21.1	7	18.4

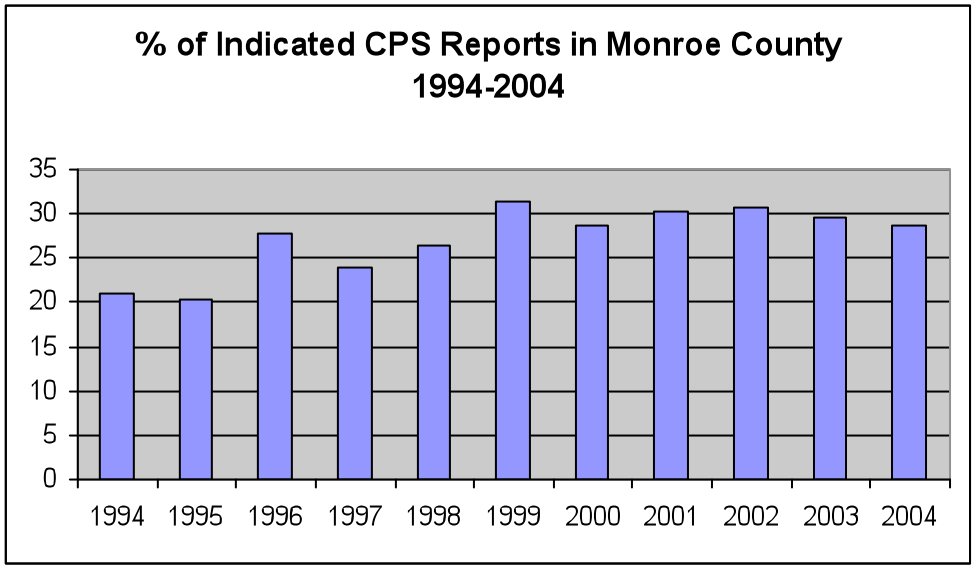
Child Protective Services Indicators

As can be seen on the chart below, the last three years have shown the highest total numbers of CPS allegations accepted for investigation since 1994. (Initial reports are taken by either the local hotline or the state hotline. Approximately 10,000 calls were made in 2000 and 5,967 were accepted for investigation). The majority of reports to CPS involve neglect rather than abuse. The average number of CPS reports over the past five years is 5,698, which is an average of 15.6 reports per day. In 2004, a mandated reporter made 53.2% of CPS reports accepted.



The rate of child abuse reports per 1,000 children in the population is higher in Monroe County (28.0/1000) than in comparison counties (26.2/1000). These counties are Erie, Onondaga, Suffolk, Nassau and Westchester.

Rates of indication have fluctuated over the past 12 years. Since 2001 there has been an average indication rate of 30%. The statewide indicated rate in 2003 was 30.5% and was 29.6% in Monroe County. (Source: Kids Count 2005)



The rate of indicated CPS reports per 1000 children in Monroe County increased between 1994 and 2001 from 6 to 7.9/1000.

The rate of indicated CPS reports per 1000 children was higher in Monroe County (7.9/1000) than in the comparison counties listed above (7.2/1000).

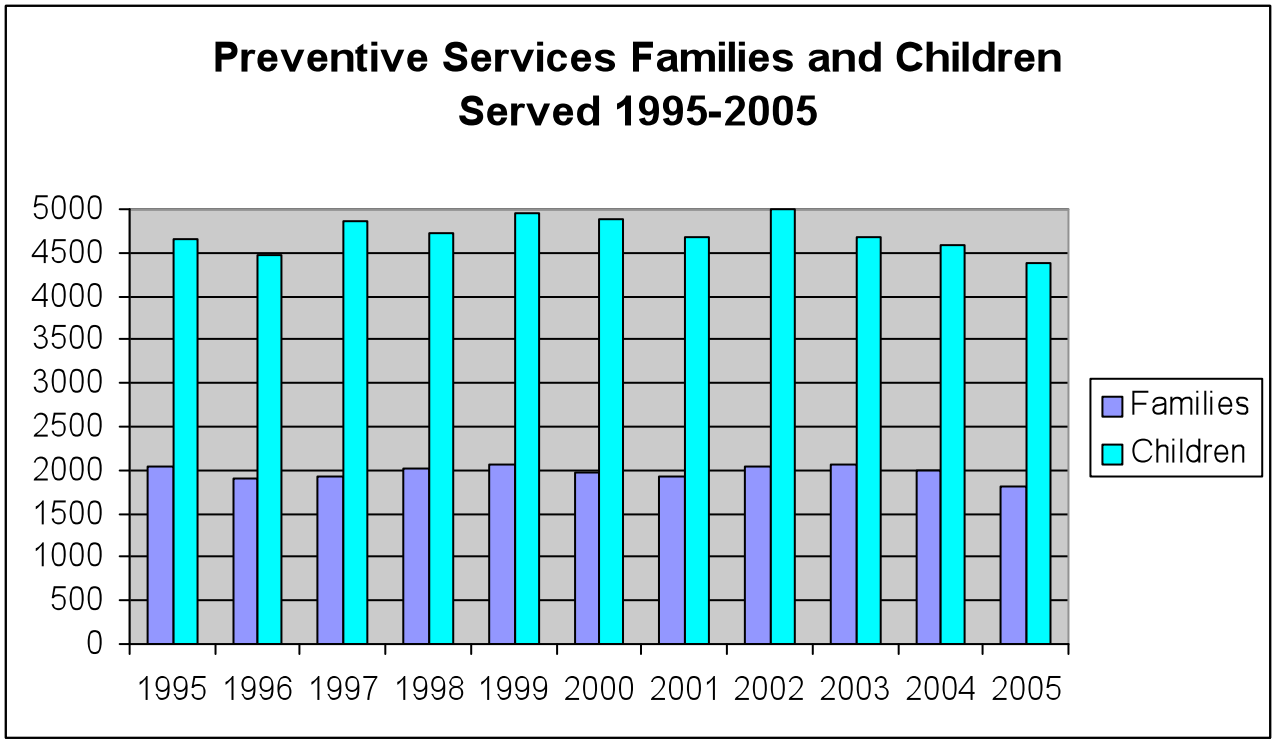
Recurrence of maltreatment:
In Monroe County, 11% of children who were victims of substantiated or indicated child abuse and/or neglect in the first six months of 2003 had another substantiated or indicated report within six months. In 2004, 11.3% of children who were victims of substantiated or indicated child abuse and/or neglect in the first six months had another substantiated or indicated report within six months. This is considerably higher (worse) than the national standard of less than 6.1%. New York State has established 10.3% as a goal.

Incidence of abuse/maltreatment in foster care:
In 2003, two children in Monroe County were the victims of substantiated or indicated child maltreatment by foster parents or facility staff. In 2004, five children in Monroe County were the victims of substantiated or indicated child maltreatment by foster parents or facility staff.

The New York State Office of Children and Family Services is currently working to collect local trend data so that definitive targets and goals can be established for the recurrence of maltreatment, the average length of time that children are in foster care before exiting, re-entry rate of children discharged by foster care and admissions to foster care for different age groups.

Preventive Services

The numbers of children and families served by Preventive remained fairly steady in the late 1990s through 2002. The number of children served reached its highest point in 2002. At that point budget constraints caused a decline in services available. The number of children and families served in 2005 was the lowest in the past decade.



Juvenile Justice Indicators

Monroe County has been providing diversion services since the early 1980s. Over the last 20 years, Monroe County has developed a fairly comprehensive diversion continuum for PINS and JD youth. In spite of having implemented a system of diversion services, Monroe County has continued to have one of the highest placement and detention rates in the state for PINS youth. There have been numerous planning efforts and discussions over the years as to why the numbers remain high. While many reasons/explanations have been discussed as well as investments of staff time and resources targeted to reduce placements, Monroe County have not been able to make a substantive, long lasting reduction in placements.

PINS

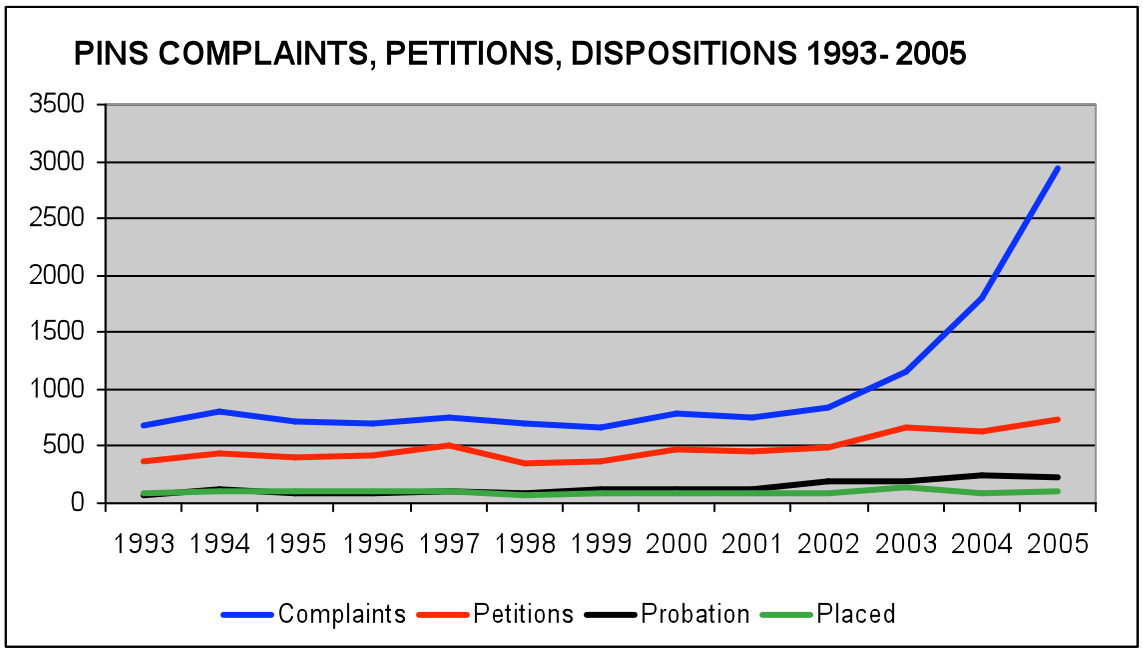
<u>PINS cases open at Probation Intake:</u>

In 2005 there were 2,777 PINS intakes, which exceeded the intakes for 2004 (1,798) by 54%. There was a similar jump in PINS intakes from 2003 to 2004 of 55% (1,158 cases in 2003). Over the previous 10 years, there was an average of 730 PINS complaints filed annually. The substantial increase in PINS Intakes in 2004 and 2005 can be attributed to 2 main events: (1) implementation of the change in the PINS age and (2) Probation changing the way that they were recording Intakes. According to the NYS Kids COunty 2003; 2005 Data Book, Monroe County had a rate of 11.9

PINS complaints filed with Probation for every 1,000 youth ages 10-17 (Note: PINS age changed from 16 to 18 as of 7/2002) for 2002, which is lower than the state median of 14.7 and lower than the rates of both Erie County, which had 22.4 and Onondaga County which had 21.0 PINS complaints for every 1,000 youth.

In recent years, there has been a shift in the type of PINS complaints filed. From 1992 through 1997, the majority of PINS cases were filed because youth were ungovernable. From 1997 through 2005, truancy complaints have been increasing and have become the leading reason for PINS complaints. The percentage of ungovernability cases, though less than truancy cases, increased quite dramatically – in 2003, ungovernability accounted for 13% of the total opened cases and in 2005, they accounted for 31% of the total opened cases. Truancy accounted for 30% of PINS cases in 1992 and for 44% in 2005. This is a decrease from 48% in 2004. Until 2004 runaway was the second most common reason for PINS referrals. It accounted for 30% of cases in 1992 and 35% in 2003. However, this rate dropped to 25% of the complaints in 2005. The majority of PINS complaints come from parents with 57% of PINS complaints in 2005. This is down slightly from 52% in 2003. Schools have gone from 25% of PINS referrals in 1992 to 41% in 2005. This is down slightly from 43% in 2003. In 2005, a total of 479 cases – or 37% -- were referred to petition immediately. Fifty-one percent (51%) were opened for diversion and 12% have missing outcomes (are likely still opened). Of the cases that were opened for diversion services, nearly half of them – or 323 – resulted in a court referral after diversion was deemed unsuccessful. So, in the end, 61% of the cases that were opened at the initial interview ended up with a court referral. (sources: DHS, MC Probation-Community Corrections, PINS Survey)

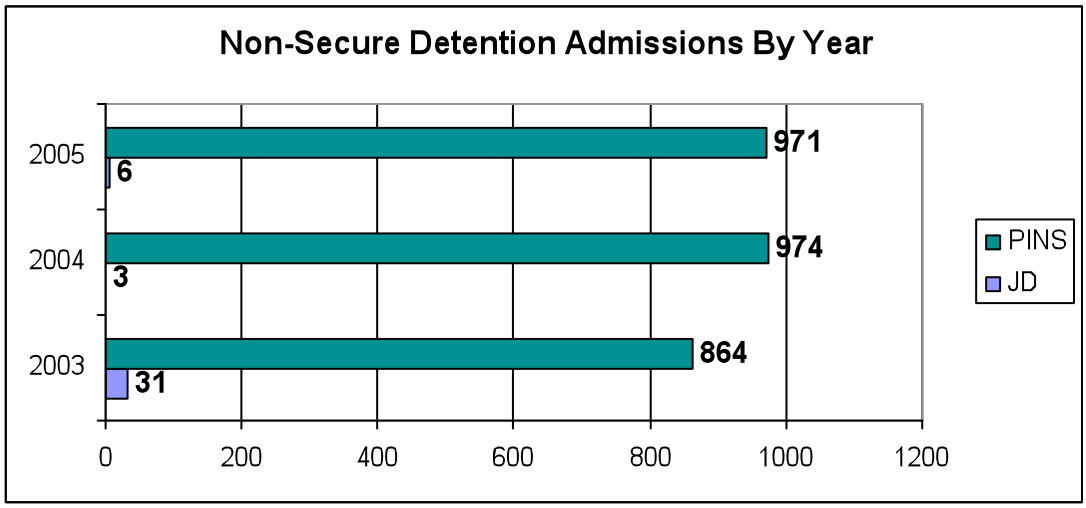
Fifty–five percent (55%) of the PINS intakes involved youth who were African American. According to 2000 census, of the county's total 10 -17 age group, 19% were African-American and 72% white. Twenty-one percent (21%) of the youth reported themselves as Hispanic.



(Note: The substantial increase in PINS Intakes in 2004 and 2005 can be attributed to 2 main events: (1) implementation of the change in the PINS age and (2) Probation changing the way that they were recording Intakes.)

Non-Secure Detention

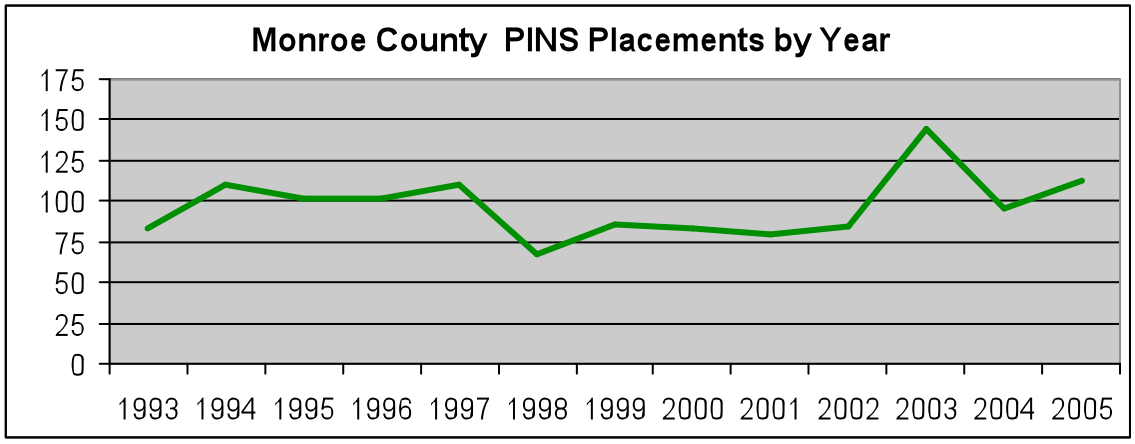
In the following chart, shows non-secure detention numbers for 2003, 2004, and 2005. The blue bars represent PINS intakes and the red bars represent JDs intakes. These are intakes, not youth. The wide, wide majority of non-secure detention intakes over the last several years are for PINS youth. Significant increase between 2003 and 2004 admissions and the numbers have remained fairly constant – with 971 PINS and 6 JDs in 2005. This is high, relatively speaking in NY State. The average length of stay is 17.4 days in 2005.



In 2005, there were a total of 573 PINS youth and 6 JD youth, totaling 579 unique individuals. What this shows is that a large number of youth who went into detention in 2005 had recently been in detention – they were re-admissions. Of the total 573 PINS youth placed in non-secure detention in 2005, 31% were 16 and 17 years old. Fifty-one percent of the youth admitted to non-secure detention where female. Sixty-four percent (64%) of the individual youth admitted to non-secure detention in 2005 were African-American. This is up slightly from 2003 where it was 61%. Only 55% of the PINS intakes were African-American youth. Fourteen percent (14%) of the youth being detained identified themselves as Hispanic.

Placements:

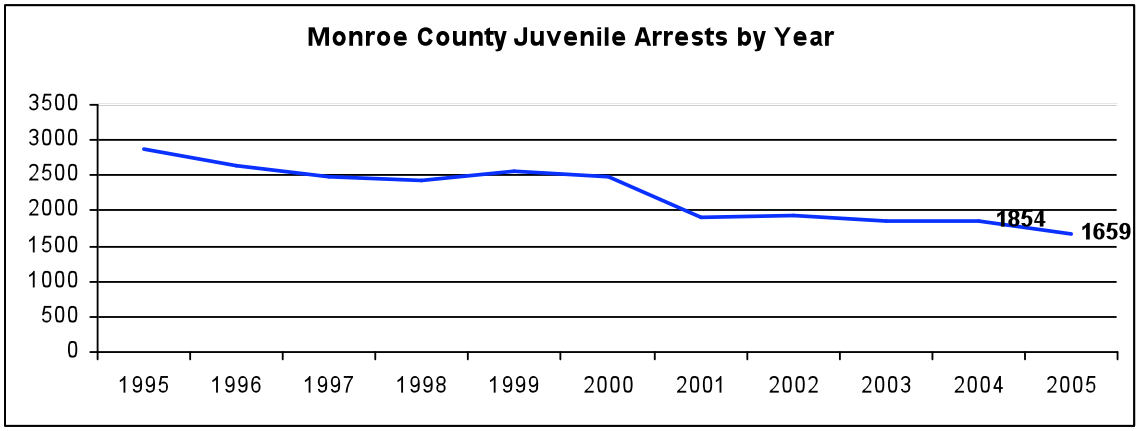
Monroe County continues to have a high number of placements. Monroe County has implemented a number of strategies and initiatives over the last 13 years to reduce the placement numbers. Placement numbers peaked in 2003 (in part due to the increase in PINS age to 18) and have come down since then. Preliminarily numbers for 2006 show a substantial decline form the 2005 YTD numbers. Most of these placements were to private facilities rather than family foster care.



JUVENILE DELINQUENTS

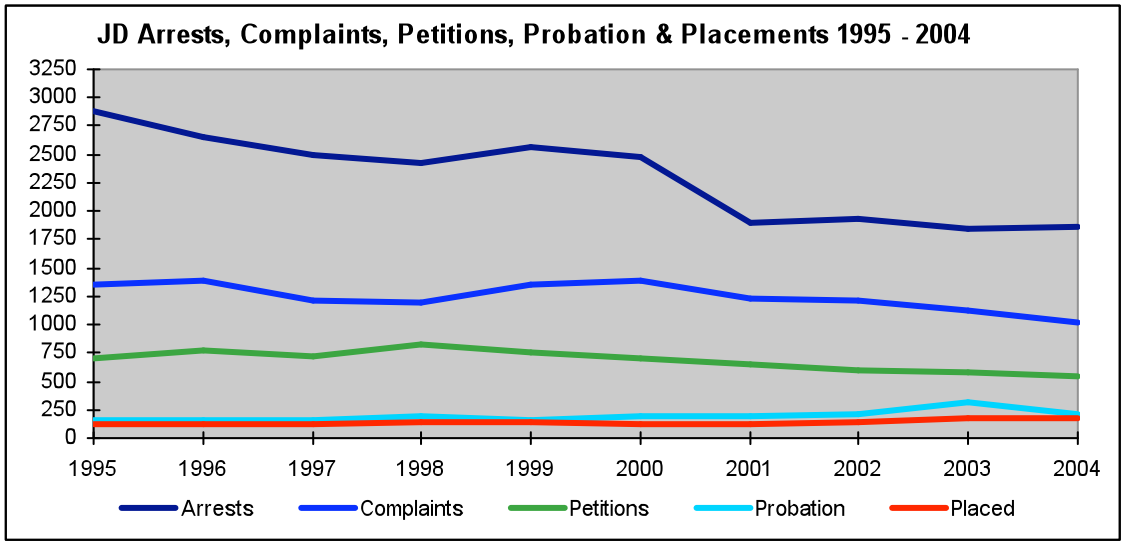
Juvenile Arrests

Arrests, for the most part, have been steadily declining. This is in line with national trends. In fact, between 2004 and 2005, there was a 10.5% decrease (a difference of 159). Forty-three percent (43%) of the youth arrested were arrested fro property offenses. The next highest category was offenses against the person which accounted for 30% of the arrests. Six percent (6%) of all arrests were drug arrests. Majority of youth arrested were ages 14 and 15 (66%). Males accounted for 72% of all arrests. Fifty-nine percent (59%) of all youth arrested were African American (per 2000 census, only 19% of 10 – 17 year olds were African American). Ten percent (10%) of the youth identified themselves as Hispanic.



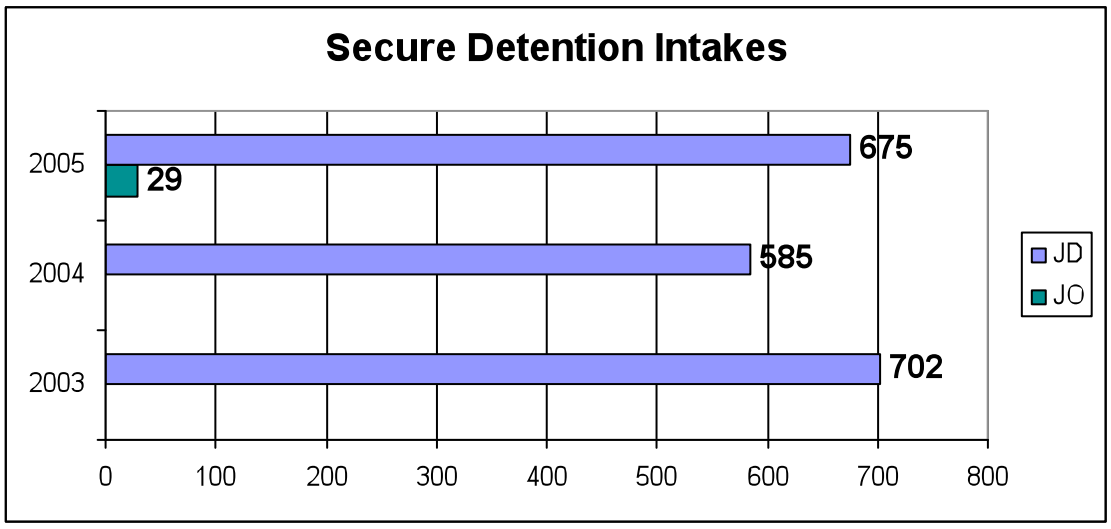
JD cases open at Probation Intake:

Juvenile Delinquent cases opened by the Probation Department: There were 1,027 Juvenile Delinquent cases opened by the Probation Department for youth ages 10 to 16 in 2004. This number represents a 24% decrease from the 1995 number of 1,351. (An individual could have multiple cases opened in a single year, so this does not represent an unduplicated count of alleged delinquent juveniles). Of these cases, 52% were petitioned to court. While the number of new cases has gone down the percentage petitioned to court has remained consistent at 52-53%.



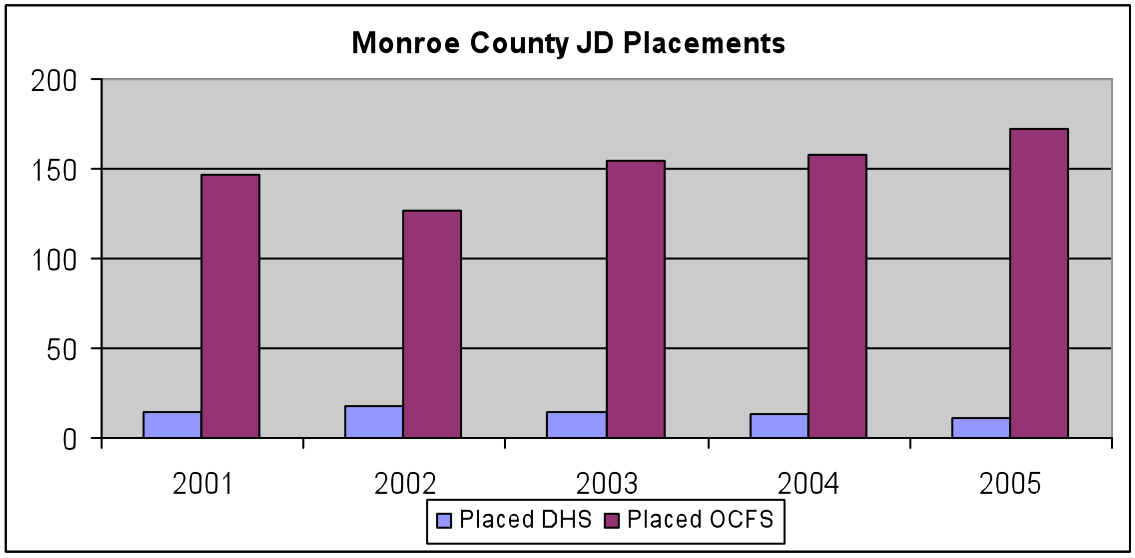
Detention

The following chart shows the admissions to secure detention over a three year period. It should be noted that the numbers include all admissions (Monroe County youth and out-of –County youth). For 2005, 580 of the 675 JD admissions involved Monroe County youth. The average LOS in 2005 was 23 days. Forty-eight percent (48%) of the admissions were fro property charges and another 29% for crimes against a person. Drugs accounted for about 4% of the admissions. Sixty-three percent (63%) of the admissions were youth ages 14 and 15. Another 20% were youth 16 and 17 who most likely were a combination of JOs and youth brought in on warrants on charges occurring prior to the youth's 16th birthday. Males accounted for 81% of the admissions. Sixty-seven percent (67%) of the admissions involved African –Americans youth. Fifteen percent of the youth identified themselves as Hispanic.



Placements

Youth placed as JDs can be placed either with the Department of Human Services or NYS Office of Children and Family Services. As can be seen in the chart below, relatively few of the JDs that are placed, are referred to DHS for placement. Almost 50% of the youth placed with OCFS are actually placed by OCFS in private facilities.



Disproportionate Minority Confinement

Black and Hispanic youth continue to be overrepresented in the juvenile justice system. African-American youth are overrepresented at arrest by a factor of 2.6 to 1 in Monroe County and 1.6 to 1 in the City of Rochester according to the NYS Division of Criminal Justice Services in their 1996 Disproportionate Minority Confinement Report. About 31% of the minority youth contacted by police were arrested according to the study. The study noted, "had these youth been treated as whites, then only about 13% would have been arrested." The study also looked at disparities in the detention decision for "contacted children who were arrested." The study found that there was no disparity in the probability of detention given arrest (City of Rochester). The following are some other highlights from the study:

- Disparity in percentage of cases referred from Probation Intake to presentment: 39% white and 63% minority (only 53% of the minorities would have been referred to presentment if they has been treated as whites = 10% disparity);
- An analysis of a sub-group of these cases with various variables showed that the decision to refer to presentment was affected by runaway, school behavior, truancy problems and income and was not affected by minority status;
- Minorities represented 56% of the cases forwarded to probation intake and 67% of cases probation referred to presentment (had minorities been treated as white, 64% of all cases forwarded to presentment would involve minorities);

- A reverse disparity exists in those cases where a petition was filed in family court and was placed – 32% of the whites and 25% of the minorities were placed (31% of the minorities would have been placed if they were treated as white);
- Minorities represented 56% of all family court cases and 59% of cases forwarded to placement (had they been treated as whites they would have represented 64% of all placements);
- 76% of youth referred to OCFS were black.

The conclusion from the Phase II study was that there was disparity in the arrest decision. Minorities were detained following arrests more than whites resulting in higher detention rates. This may in part be due to increase police presence in heavily minority neighborhoods. Reducing the number of detained minorities entering Probation Intake could reduce the number of minorities forwarded to presentment. These contacts accumulate over time and may account for more serious prior records of minorities. Having a serious prior record affects the decision to arrest contacted juveniles, to detain arrested youth and to forward cases from Probation Intake to Presentment.

In response to the DMC Report, Monroe County secured a grant form NYSDCJS to fund a staff person for an aftercare project targeted to youth returning from OCFS placements in private facilities (accounts for almost half of all Monroe County JD youth placed with OCFS). The City of Rochester and County of Monroe joined forces to fund an additional staff person to provide aftercare services to this same population. When the DMC funding ended, Monroe County and the City of Rochester continued to fund both positions.

Monroe County has applied for a Vera Institute for Justice Technical Assistance Grant to look at local detention practices and identify opportunities/ways to reduce the use of secure and non-secure detention.

YOUTH DEVELOPMENT

In the 1998 Search Institute Asset Survey of all Monroe County middle school youth:

- 80% reported having positive peer influence
- 79% reported having family support
- 77% reported a positive view of their personal future
- 46% reported they provide service to the community one hour or more a week
- 42% of youth felt safe at home, school and in the neighborhood
- 34% reported they perceive that adults in the community value youth
- 18% reported spending 3 or more hours a week in lessons or practice in music, theatre or other arts.

This survey has not been updated since 1998.

VI. OLDER ADULTS

Other Adult Indicators

Adult Protective Services

APS served 1622 individuals in 2005. 68% of these individuals were over age 60, and 32% were under 60. 63% of the APS cases were in the city and 35% were in the suburbs. The majority of individuals served were white (56%) and female (58%). Self-neglect is a much larger problem for APS clients than abuse, neglect, or exploitation of others, as 73% were suffering from self-neglect, while 13% were subjected to abuse by others. In 2005, APS had 615 new cases. This is less than 2003, when 637 cases were opened.

Other Adult Indicators

Adult Protective Services: APS served 1622 individuals in 2005. 68% of them were 60 and over and 32% were under 60. 63% of the cases were in the city and 35% were in the suburbs. The majority of individuals served were white (66%) and female (56%). Self-neglect is a much larger problem for APS clients than abuse, neglect or exploitation by others, as 73% were suffering from self-neglect and 13% from abuse by others. In 2005, APS had 615 new cases.

Flu Shots for Older Adults: The READII Rochester project was successful in reducing the disparity between African American and White older adults in our community. UR was one of READII's five CDC-funded sites. (READII is an acronym for Racial and Ethnic Disparities in Immunization.) Patricia Campbell represented OFA on READII's steering committee.

It should be noted that data collection methods for the numbers reported differ from those that produced the rates referred to in the 9/1/05-12/31/05 ICP update. While those were based on a random-digit dial survey, READIIs outcomes were measured by way of a telephone survey of 400 white and 400 African American Medicare enrollees aged 65+. (The Monroe County survey is being repeated during the summer of 2006, the data is not yet available.)

READII's 2005 findings:

Flu vaccination rates
83% whites
69% African Americans

Pneumococcal vaccination rates
77% whites (baseline 75%)
64% African Americans (baseline 42%)

Community data for older Latinas is not available, but the Finger Lakes Health System's Agency's *Nuestra Salud Hoy* reports that in 2000, the flu vaccination rate for Hispanics ages 18-64 was 46%, compared to the White/non-Hispanic rate of 49%.

Healthy People 2010 reports a national baseline flu vaccination rate of 51% and pneumococcal pneumonia vaccination rate of 23% for Hispanics.

Office for the Aging Service Levels: For the fiscal year of April 2004 - March 2005, the Monroe County Office for the Aging served 35,968 seniors and provided the following services to the numbers indicated:

Homemaking/Personal Care:	248
Housekeeper/Chore:	198
Home Delivered Meals:	54,078
Adult Day Service:	89
Case Management:	501
Congregate Meals:	31,354
Nutrition Counseling:	768
Transportation:	309
Legal Services:	99
Nutrition Education:	3,114
Information and Assistance:	7,981
Outreach:	4,390
In Home Contact and Support:	501
Caregiver Support Program:	6,280

VII. ANALYSIS OF MONROE COUNTY HUMAN SERVICE NEEDS BY ZIP CODE

Figure 1 shows the percent of residents in each Monroe County zip code receiving Medicaid, Food Stamps, Temporary Assistance for Needy Families, and Safety Net financial assistance as of July 2006. 2000 census data were used to calculate the percentage of the population receiving services in each zip code. The zip codes with the highest percentages of residents receiving assistance from these programs are all within the City of Rochester.

Six zip codes have over 9 % of their residents on Temporary Assistance. All six of these zip codes have over 25% of their residents relying on Medicaid. These zip codes also all have over 19% of their population receiving food stamps. These zip codes and their areas are:

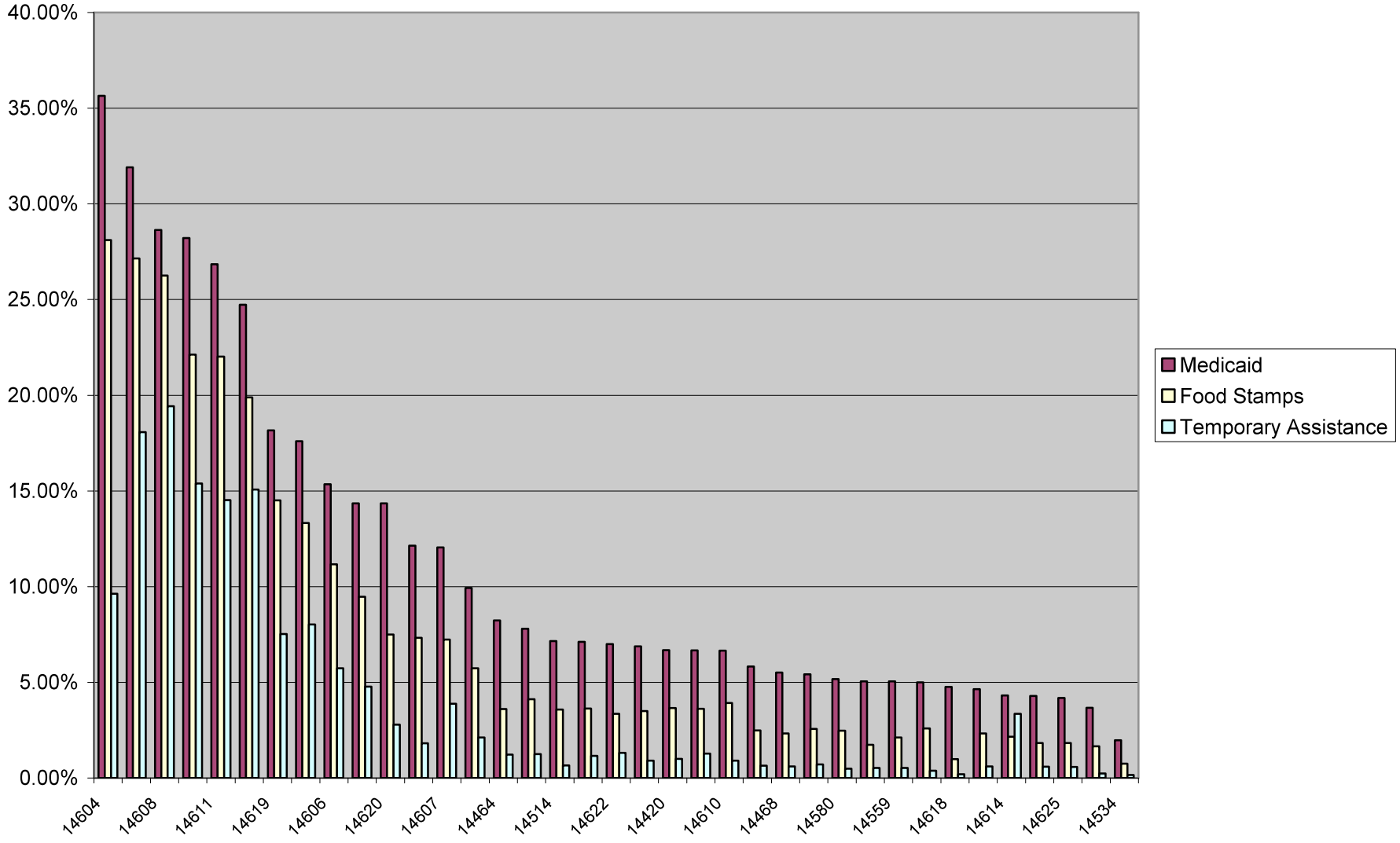
14605, northeast Rochester
14604, eastern part of downtown Rochester
14608, southwest Rochester
14621, northeast Rochester
14611, southwest Rochester
14613, northwest Rochester

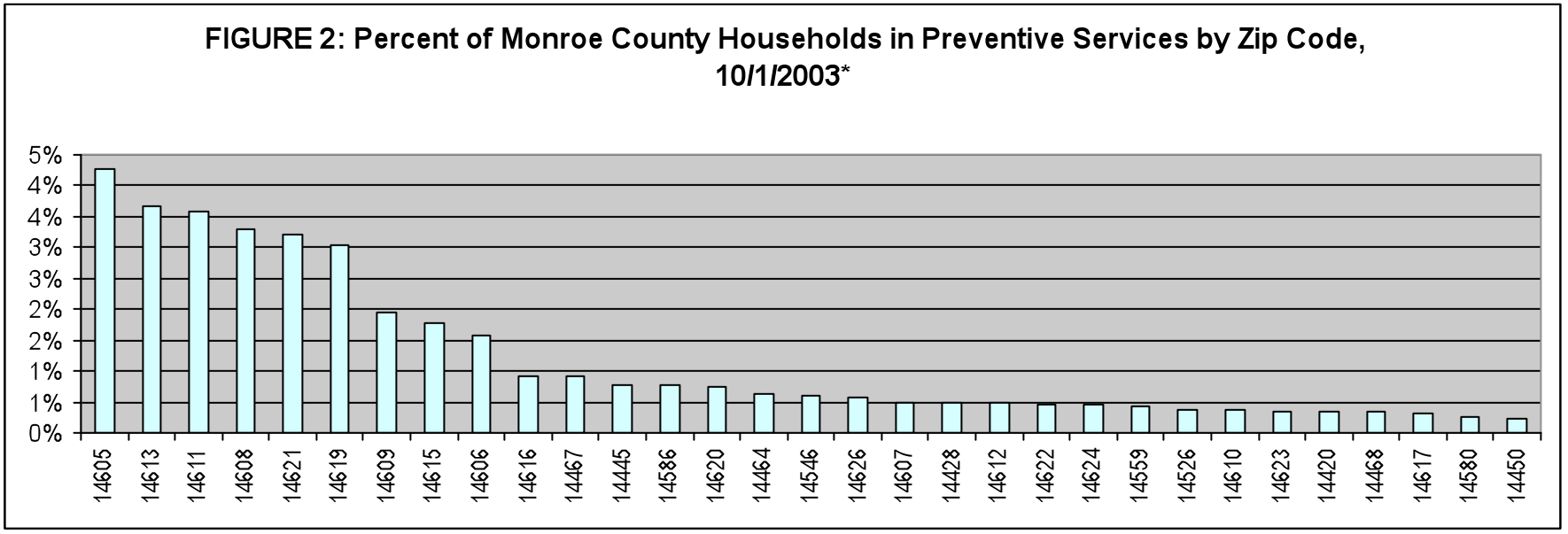
The charts in this section point to a relationship between high rates of poverty, public assistance usage, teenage pregnancy, and involvement with the child welfare system as zip codes with high rates of one of these indicators tend to have high rates of the others. There are, however, the following exceptions:

- 14604, which has very high rates of poverty and public assistance usage among its small population of 1,683, does not have high rates of child welfare involvement.
- 14445 and 14615, which have relatively high rates of public assistance usage, do not have high poverty rates except among their female-headed households. On the other hand, the zip codes, such as those discussed in the next bullet point, that only have high poverty rates among their non-family households do not exhibit high rates of public assistance usage. This suggests that it is the presence of poor female-headed households that drives an area's need for public assistance programs.
- Several zip codes have high rates of poverty among non-family households but do not have high rates of public assistance usage, poverty among other groups, or child welfare involvement. These zip codes fall outside of the inner city, suggesting that there are substantial numbers of non-family households with high needs in the some suburban areas. These zip codes and their areas are: 14623 in the town of Brighton, 14420 in the town of Brockport, 14464 in the town of Hamlin, 14416 in the town of Bergen, 14616 in the town of Greece, 14612 in the Charlotte area of the City of Rochester, 14586 in the town of West Henrietta; 14428 in the town of Churchville; and 14610, which covers part of the southeast area of Rochester and part of the town of Brighton.

Figure 5 shows that family foster homes are generally clustered in the city, but not necessarily in zip codes with high rates of poverty and public assistance usage.

FIGURE 1: Percent of Monroe county Residents in Three DHS Programs by Zip Code





*Only zip codes with over 10 Preventive Services cases are included.

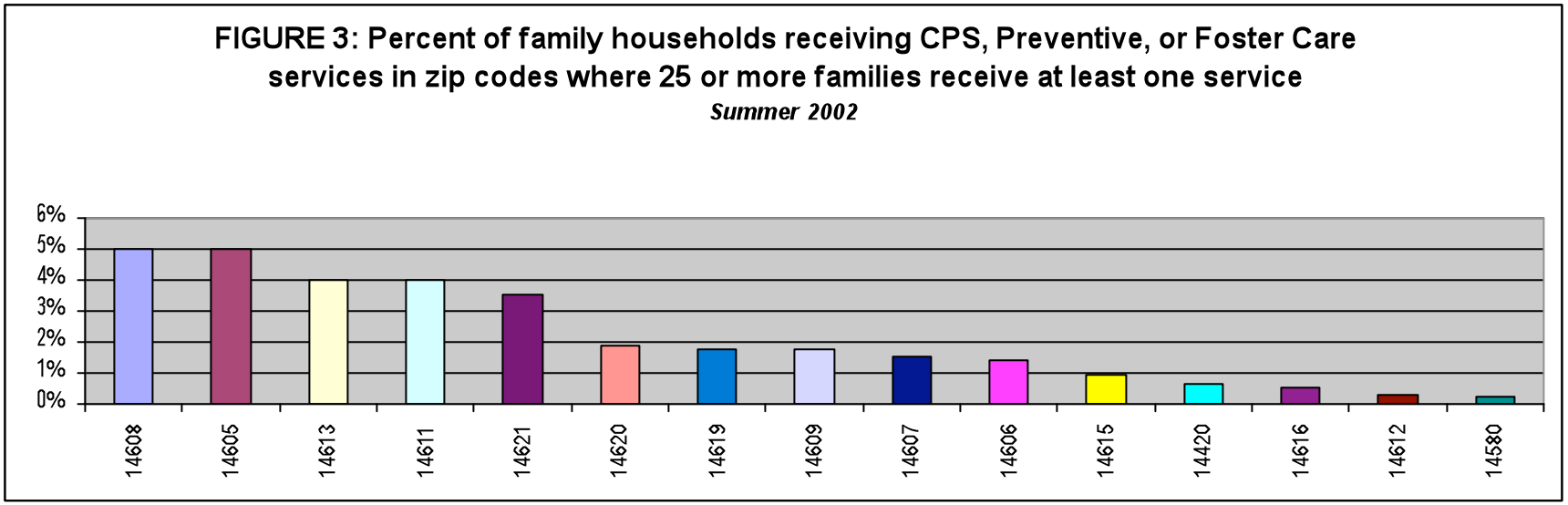
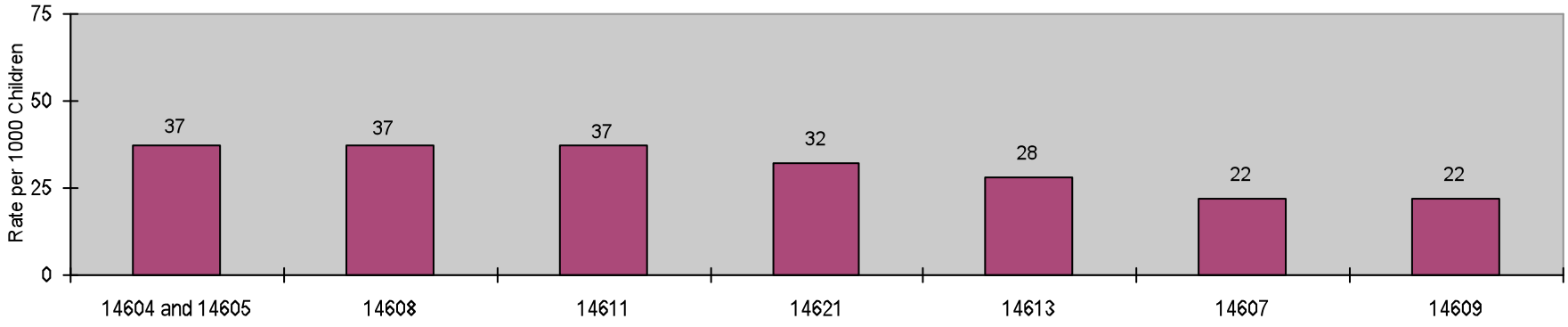


FIGURE 4: Children with Substantiated Allegations of Child Abuse/Neglect, in Monroe County Zip Codes with the Highest Rates, 2002



Source: Data Warehouse, NYS Office of Children and Family Services

[1]14604 and 05 combined due to small numbers

FIGURE 5: Zip Codes with Five or More Active Family Foster Homes, September 2003

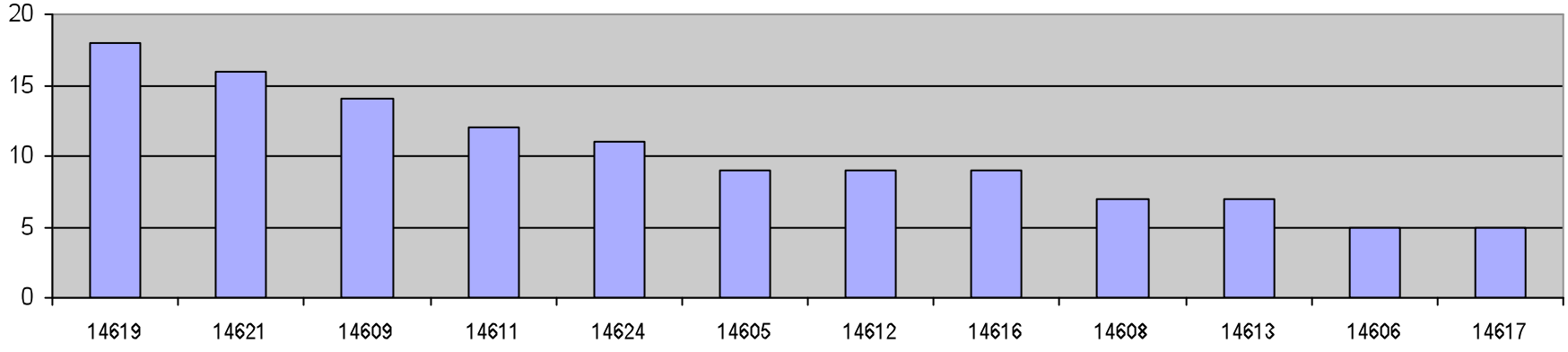
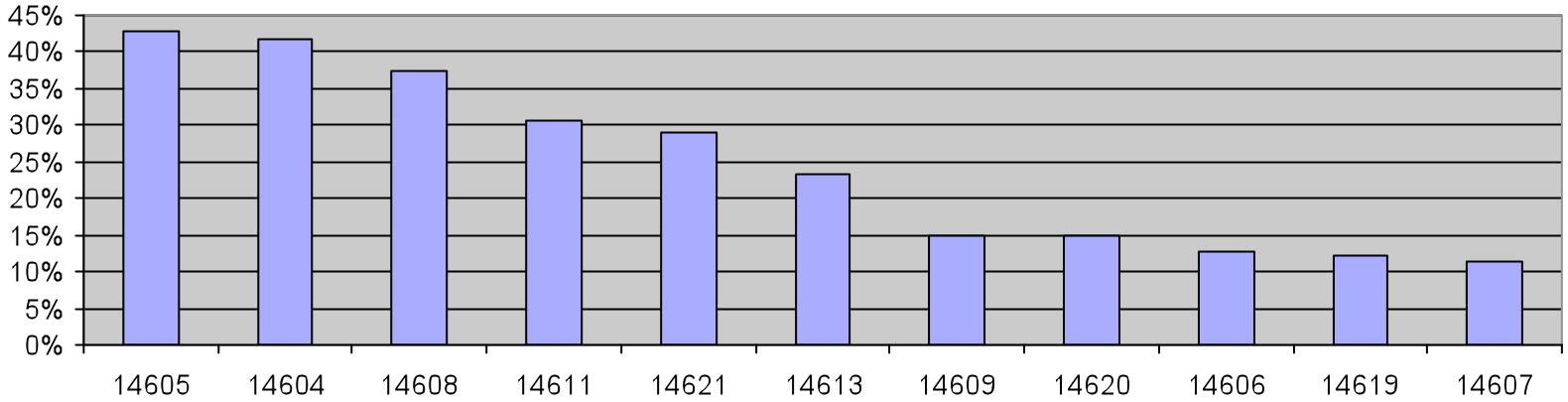


FIGURE 6: Percent of families in zip code living below poverty level*

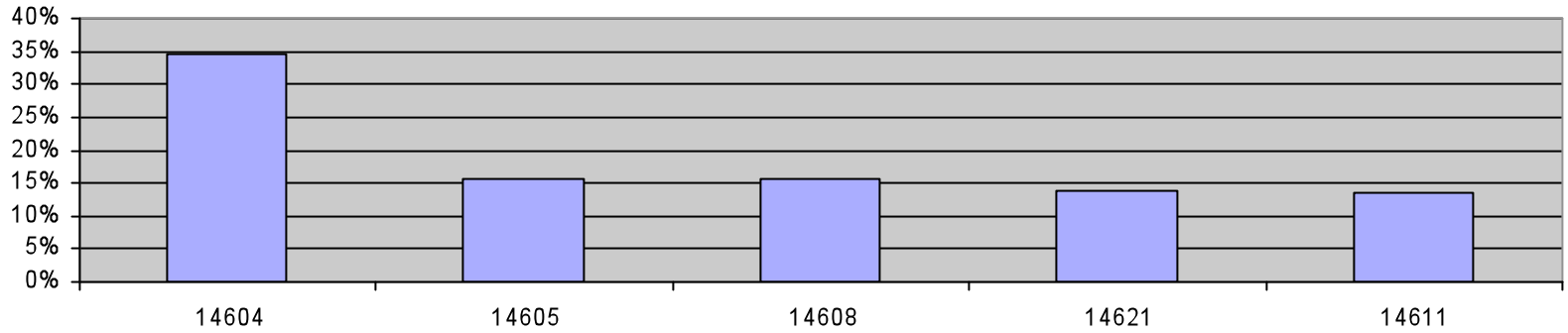
from 2000 census data



*Only zip codes with more than 10% of population living below the poverty level are shown.

FIGURE 7: Percent of married couple families in zip code living below poverty level*

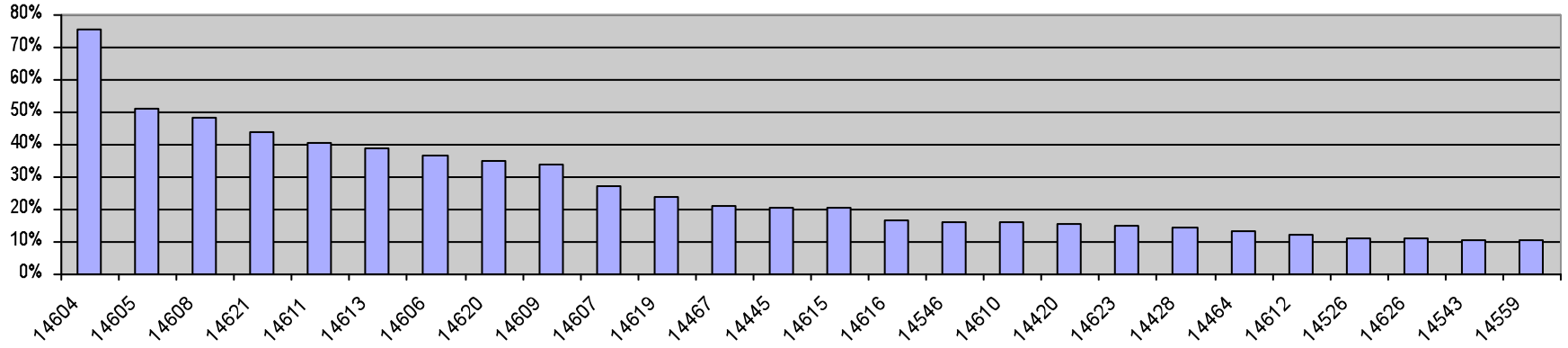
from 2000 census data



*Only zip codes with more than 10% of married couples living below the poverty level are shown.

FIGURE 8: Percent of female-headed households in zip code living below the poverty level*

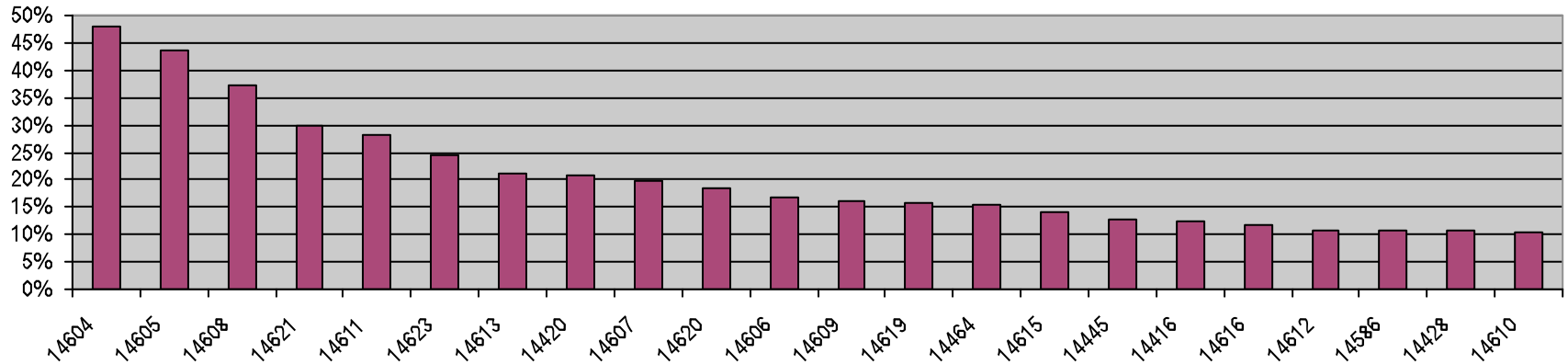
from 2000 Census data



*Only zip codes with more than 10% of female-headed households living below the poverty level are shown.

FIGURE 9: Percent of non-family householders in zip code living below poverty level*

from 2000 census data



*Only zip codes where above 10% of non-family householders live below the poverty level are shown.

Teen Pregnancy Rates for Girls Ages 15 to 19		
Zip Code	**1995 to 1998**	**1998 to 2000**
14605	220 girls per 1,000	226
14621	212	198
14611	194	201
14613	183	186
14619	181	164
14608	175	179
14609	143	147
14615	114	112
14606	113	111
14607	102	76

Source: New York State Health Department

Zip Code	City/Town	Number of People	Number of Households
14580	Webster	43,824	16,838
14609	Rochester	43,665	17,675
14450	Fairport	40,748	15,660
14624	Rochester	38,231	14,321
14621	Rochester	35,977	13,602
14612	Rochester	35,665	13,844
14534*	Pittsford	30,270	10,887
14606	Rochester	29,187	11,254
14626	Rochester	29,120	11,405
14620	Rochester	28,094	11,530
14623	Rochester	27,387	8,976
14616	Rochester	27,119	11,241
14617	Rochester	22,967	9,457
14618	Rochester	22,387	8,649
14526	Penfield	19,789	7,353
14611	Rochester	19,774	7,373
14420*	Brockport	19,307	6,471
14468	Hilton	16,526	5,754
14607	Rochester	16,297	9,776
14615	Rochester	16,158	7,029
14559	Spencerport	15,919	5,839
14613	Rochester	15,078	5,545
14619	Rochester	14,754	5,377
14610	Rochester	14,534	6,962
14605	Rochester	14,418	5,003
14608	Rochester	12,362	5,182
14622	Rochester	12,027	5,241
14625	Rochester	10,792	4,510
14564*	Victor	9,903	3,664
14482*	Le Roy	9,198	3,545
14502*	Macedon	9,197	3,349
14467	Henrietta	8,738	3,275
14445	East Rochester	8,179	3,441
14472*	Honeoye Falls	8,140	3,056
14464	Hamlin	7,637	2,662
14428*	Churchville	7,539	2,655
14414*	Avon	6,428	2,514
14586	West Henrietta	6,197	2,310
14546*	Scottsville	5,479	2,155
14514	North Chili	4,722	1,718
14416*	Bergen	3,875	1,437
14543	Rush	3,296	1,145
14604	Rochester	1,683	1,235
14506	Mendon	1,289	435
14614	Rochester	926	20
14410	Adams Basin	NA	NA
14430*	Clarkson	NA	NA
14453*	Fishers	NA	NA
14508	Morton	NA	NA
14511*	Mumford	NA	NA
14515	North Greece	NA	NA
14627	Rochester	NA	NA
14642	Rochester	NA	NA

Summary Analysis

A. Needs Assessment Activities

Monroe County Department of Human Services conducts ongoing data and needs analysis. The needs assessment supporting the 2007-2009 Child & Family Services Plan has included a thorough review of existing needs assessments that include local, county-level and statewide data. Additional sources include 2000 Census, Census updates, the 2005 Kids Count data book, the 2003 Community Profile developed by the United Way of Greater Rochester, and other comprehensive reports with local data regarding children, adults, families, and the community. Data were also obtained from the various programs and divisions of DHS on caseloads and service trends.

Data in the needs assessment are organized in six primary areas: 1) demographics, including population trends; 2) economic stability, including information on the job market and the local economy, poverty rates, housing and homelessness and trends in public assistance usage; 3) health and safety, including crime rates; 4) education; 5) child welfare data, child protective services and preventive, and juvenile justice indicators; and 6) older adults information including the size of this population and adult protective services data. In each of these areas, differences between the city and suburban areas are highlighted to reflect their differing service needs.

Summary analysis. Please refer to the Profile included in this Plan for the most recent data and the Strategic Component for the data driven decisions and priorities highlighted in this plan.

B. Needs Assessment Conclusions- Summary of data from the Monroe County Profile:

Child protective services

- The numbers of allegations investigated by CPS was higher in the past five years than any year in the 1990s. CPS investigated 6,300 cases in 2004 and since 2001, an average of 30% investigated cases have been indicated each year.
- The vast majority of CPS cases investigated involve neglect rather than abuse.
- Data suggest there is a relatively high rate of recurrence of abuse or neglect among families with indicated CPS reports. 11% of children who were victims of substantiated child abuse and/or neglect in the first six months of 2002 had another substantiated report within six months. New York State has established a goal for the recurrence of maltreatment at 10.3% or below.

Foster care

- Monroe County has a lower total placement rate than New York State as a whole, but a higher rate than four of the five most comparable counties in the state.
- The number of foster care placements at year-end in the county was fairly steady from 1990 to 1999. A slight decrease occurred from 2000 to 2003. The rate increased in 2004.
- The largest age group in foster care in 2004 was 14 to 17 year olds.

Youth development

- Monroe County's suburbs fare much better than the city in terms of educational attainment, high school drop out rates, and the academic achievement of 4th and 8th grade students. Overall, more 4th grade students are meeting Math and English language grade level standards than are 8th graders. City 8th graders had especially low test scores, with less than 20% meeting either math or English standards. City high schools have a drop out rate of almost 10%.
- The rate of teen pregnancies and births has declined in recent years. Though there has been a decline of about 50 births per year since 1995, 675 children were born to teen parents in the city of Rochester in 2002.
- A countywide survey of teens indicates that just under half drink alcohol, about a quarter smoke tobacco, a quarter use marijuana, almost 5% use cocaine, 4% have used heroin, and 7% have used methamphetamines.
- Child poverty is a major challenge—the city of Rochester's child poverty rate is the 11th highest in the nation at a rate of 37%. 49% of Spanish speaking children in Rochester are in poverty. In all of Monroe County, 15.6% of children live in poverty.
- In the 1998 Search Institute Asset Survey of all Monroe County middle school youth:
    - 80% reported having positive peer influence.
    - 79% reported having family support.
    - 77% reported a positive view of their personal future.
    - 46% reported they provide service to the community one hour or more a week.
    - 42% of youth feel safe at home, school and in the neighborhood.
    - 34% reported they perceive that adults in the community value youth.
    - 18% reported spending 3 or more hours a week in lessons or practice in music, theatre or other arts.

- 36% reported parents that parents and other adults model positive, responsible behavior
- 39% reported that they are given useful roles in the community
- 45% reported receiving support from 3 or more non-parent adults
- 36% reported that they know how to plan ahead and make choices
- 58% reported having empathy, sensitivity and friendship skills

Adoption services

- Monroe County has seen a substantial decrease in the number of children discharged from foster care to adoptive families in 2004 and 2005, down from 120 in 2003 to 76 in 2005.

Preventive services

- The numbers of children served by Preventive Services was fairly steady from 1990 to 2002, hovering between 4,390 and 4,960. There has been a slight decrease to 4,377 in 2005.
- Of the children who entered foster care in Monroe County in 2001, approximately half received purchased preventive and/or child protective services prior to admission to foster care.

Detention services/Juvenile Justice

- During the 1990s, the NYS Division of Criminal Justice Services found that while minority youth are over-represented in the juvenile justice system in Monroe County, disproportionate minority confinement of juveniles is attributable to both the higher arrest rate of non-white youth in the county and the fact that minority youth are more likely to be detained following arrest, but not to inequities in the processing of detained youth. Once detained, white youth are actually more likely to be placed than minority youth.
- Monroe County has a relatively low rate of PINS complaints, but a high rate of placement for PINS and JD youth.
- Teen arrest rates and the numbers of Juvenile Delinquent cases opened by the Probation Department have dropped in recent years.
- From 1995 to 2002, there was a substantial decrease in the number of Juvenile Delinquent cases opened by Monroe County's Probation Department.
- 2002 saw an upward shift in numbers of PINS complaints filed. Monroe County has a lower rate of PINS complaints than comparable counties and the state as a whole, but has higher rates of placement of PINS and JD youth.
- Since the early 1990s, the primary reason for PINS complaints has shifted from youth being ungovernable to truancy. Runaways are the second most common reason for PINS complaints.

Child care

- The numbers of families receiving child care assistance has declined steadily from 2002 to 2006 both for families receiving cash assistance and for those not on cash assistance. This is due in part to the tightening of eligibility standards.
- In recent years, families receiving child care assistance have shifted away from the use of day care centers and are more likely to be using family day care and informal care

arrangements. In 2002, 25% of child care assistance cases were in day care centers. In the first seven months of 2003, this was down to 17%. During this same period, family day care homes went from 30 to 34% of cases, and the portion of cases in informal day care arrangements rose from 45 to 50%.

Domestic violence services

- From 1996 to 2003, there has been a steady decline in the reports of domestic violence. In 2003, there were 7,403 reports of domestic violence and the majority were in the city.
- From 1998 to 2003, the licensed domestic violence service provider for Rochester and Monroe County provided emergency shelter to between 690 and 832 women and children per year.

Adult protective services

- APS served 1,109 individuals in 2002. 54% were 60 or older and 73% were living in the city.
- The vast majority of APS cases deal with self-neglect rather than abuse or exploitation by others.
- There were 655 new APS cases in 2002, which is the highest number since 1992.

Runaway and homeless youth services

- There has been a steady increase in the number of emergency housing and youth shelter placements for homeless youth since the mid 1990s. The number of youth receiving shelter has continued to increase as both the need and bed capacity has increased. The number of older homeless youth requesting services has continued to increase.

Other Areas of Concern:

Aging Issues

- APS served 1,622 individuals in 2005. 68% were 60 or older and 63% were living in the city.
- The top three reasons for APS referrals were self-neglect, unsafe home plan and exploitation, these were present in 49% of cases.
- There were 615 new APS cases in 2005, down 7% since 2002.
- Between 1990 and 2000 to total population in Monroe County grew 3%, from 713,968 to 735,353. During that same period, the **60+** Monroe County population grew by **3.5%**, from 118,470 to 122,654.
- According to the census, one in six people in Monroe County is over the age of 60 (16.7%).
- 65+ increased by 7.5%; 75+ increased by 27.7%; and **85 and older** population in Monroe County increased **34.7%**, they represent 1.9% of the total population.
- In the 2000 census, **77%** of all those age 60+ in the county lived in the suburbs, up from 70% in 1990. The city-suburb demographic trend continues to have implications for service provision and community development.
- The rate of poverty increased slightly among seniors in Monroe County from 1989 to 1999, from 7.2% to 7.4%. The rate of poverty among seniors increased two percentage points

among older city residents, and even increased almost a full percentage point among suburban seniors. The rate of poverty tends to increase with age.

- Over the next ten years this demographic trend will have financial implications for the county. More people will be outliving their resources and become dependent on Medicaid to pay for their health expenses.
- This demographic trend will also have financial implications for the county. However the implication is now. These individuals are already beginning to outlive their resources and becoming more dependent on Medicaid to pay for their health expenses.
- There appears to be a disparity between white and African American senior citizens in terms of the rate in which they receive flu shots

Mental Health

- An estimated 11% of children ages 9 to 17 have a major mental illness. In Monroe County, this estimate equates to 10,800 youth.
- 6,650 children under the age of 18 received public mental health services in 2001.
- The number of children receiving inpatient and emergency psychiatric care has steadily increased over the past four years.

Substance Abuse

- Although alcohol and marijuana use among high school students has remained steady since 1997, cocaine and heroin use among this age group has increased.
- Overall indicators show relatively high levels of drug and alcohol use among all age groups when compared to other counties in the state.
- The rate of alcohol-related motor vehicle crashes in Monroe County increased 65% from 1995 to 2000.

Financial Services

- Financial assistance usage has dropped, but there has not been a corresponding decline in poverty rates; in fact, during the 1990s, poverty rates in Monroe County rose among adults and senior citizens. Since data indicate that Monroe County's economy has been poor for the past couple of years, this trend is not likely to be reversed soon.
- TANF rolls rose steadily from 1980 to a peak in 1994 and then decreased sharply every year until 2002. There was little difference in TANF rolls between 2002 and the first nine months of 2003.
- Safety Net caseload numbers also fell steadily during the 1990s, but have increased from 2001 to 2003, Safety Net caseloads rose.

Analysis of the Monroe County Profile and Needs Assessment clearly demonstrates that Family Development, Youth Development and Community Development continue to be area of key concern, however, core areas of focus have been refined in response to the needs assessment. Growing reports of child abuse and neglect and continued poor outcomes for children, youth, adults and families around safety, self-sufficiency and healthy development have led Monroe County to identify the following Core Priorities:

- Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults

- Safety and protection for Monroe County's children, youth and families is a critical value and priority. Children and youth who live in safe and healthy environments are more likely to thrive and less likely to be placed in an out-of-home setting.

- Self-sufficiency and Healthy Development
  - Healthy communities are comprised of children, youth, adults and families at their highest level of self-sufficiency and development. We seek to assist individuals and families in achieving and maximizing their capacities and potentialities through coordinated, comprehensive and results oriented services and supports.
- Effective and Efficient Utilization of Limited Resources
  - A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Focused resources must be effective, evidence-based and if possible coordinated with a continuum of services to eliminate or reduce duplication and increase efficiency.

C. Data Sources – Please see Appendix C

D. Ongoing Needs Assessment
The Monroe County Community Profile for Human Services will continue to be updated annually.

IV. OUTCOMES AND CORE PRIORITIES

Core Priority	Outcomes
Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults	1. Individuals and families are safe. 2. Abused, neglected or exploited adults will be identified. 3. Individuals and families experience permanency in their living situations. 4. Adults, older adults, and families are self-sufficient as dictated by age. 5. Individuals and families access needed support to obtain optimal development. 6. DHS operates at a maximum level of fiscal responsibility. 7. Employees of the Department will experience a high degree of satisfaction. 8. Customers of the Department will experience a high degree of satisfaction.
Self-sufficiency and Healthy Development	
Effective and Efficient Utilization of Limited Resources	

Outcome 1: Individuals and families are safe.

Indicators:

- 3 % Decrease in substantiated child abuse and neglect

Strategies: Improvement projects such as Rochester Safe Start and the Child Abuse Prevention Campaign are aimed at decreasing child abuse, its impacts, and increasing the number of "true positive" reports. The implementation of the Nurse Family Partnership program, Community Health Worker Program and other preventive collaborative initiatives (Building Healthy Children) are designed to prevent the incidence of child abuse.
Responsible Division: Child & Family Services

- 3 % Decrease in adult abuse and neglect

Strategies: Increase the number of family type home placements for adults and continue to support a multi-disciplinary team for community collaborators on adult protective services. Increase coordination of departmental services for adults between divisions and increase community knowledge of adult abuse through partnerships with Lifeline and Elder Source.
Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Office for Aging)

Measure	**2004**	**2005**	**2007**
Indication rate for CPS reports	30%	30%	
% of CPS determinations that are overdue/total reports active	50%	51%	
Number of CPS reports per month	494	548	
Number of CPS reports per year	5925	6574	
Number of diverted CPS reports per month	181	190	
Number of 1034s per month	43	48	
Total number of 1034s	520	573	

Recurrence of maltreatment	11%	11%	
Number of children served by Preventive Services per year	4677	4377	
Number of families served by Preventive Services per year	2062	1819	
Number of Adult Protective Cases	470	458	

Outcome 2: Abused, neglected or exploited impaired adults will be identified.

Indicators:

- 5 % Decrease in the number of open Adult Services cases

Strategies: Continue to partner with local organizations to provide information on adult abuse and improve internal capacity to serve abused adults with most appropriate services to ensure they move from the caseload to permanency.
Responsible Division: Child & Family Services,

Measure	2004	2005	2007
Number of new cases accepted for assessment	619	615	
Number of prior cases still active	447	451	
Number of referrals closed at intake	727	525	
Number of utility referrals	42	31	

Outcome 3: Individuals and families experience permanency in their living situations.

Indicators:

- 5% Decrease in the number of children placed out of the home

Strategies: Continue to support children and families in innovative ways to reduce out of home placement, current initiatives include Youth & Family Partnership, Families and Community Together, and support of MST and FFT. Implement a Transition Manager program at the Monroe County Detention Center to focus on youth likely to recidivate or move on to OCFS placement and increase intra and interdepartmental coordination to support high risk youth in Detention.
Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Detention Center)

- 5% Decrease in the length of time needed to achieve permanent placement, whether through family reunification or adoption

Strategies: Continue to focus efforts on increasing the number of foster and adoptive family homes, which could increase quality of foster care, increase adoptions and improve permanency. Establish clear policies for relative resource placements and increase access to stable living for Runaway and Homeless Youth. Increase interdepartmental coordination in providing or purchasing services for high risk youth.
Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Detention Center, Rochester Monroe County Youth Bureau)

Measure	2004	2005	2007
Number of children who exited foster care within 90 days	181	150	
Number of children who were discharged from foster care to the custody of a relative	98	177	
Number of adoptions finalized per year	88	76	

Youth and Family Partnerships (average # of children per month)	37	61	
JD/PINS Care (average # of children in care per month)	87	160	
IV-Eligibility (Amount IV-E claimed annually)	$14,050,680	$13,964,765	
Foster Care IV-Eligible in purchased residential foster care (average # of kids in care per month)	291	203	
Foster Care child welfare purchased agency (average # of kids in care per month)	212	193	
Foster Care – IV-Eligible in family foster care homes (average # of kids in care per month)	263	350	
Foster Care – child welfare family foster care homes (average # of kids in care per month)	198	259	
Total youth in care at the end of the year	989	1016	
Number of youth participating in runaway/homeless services	1,456	1,628	

Outcome 4: Adults, older adults, and families are self-sufficient as dictated by age.

Indicator:

- 3% Increase in use of financial management services and other needed supports among older adult population

Strategies: The number of seniors accessing financial management programs decreased from 2003-2004. However, more thorough monitoring of the subcontracting agency is being employed to ensure that contract goals are met. The number of seniors receiving health information assistance continues to grow through community outreach. HIICAP has a presence at festivals and fairs, in the Internet, and through the print media.

Responsible Division: Child & Family Services, Division of Administration & Purchased Service (Office for Aging), Financial Assistance Division

Measure	**2004**	**2005**	**2007**
Number of referrals to Catholic Family Center (CFC), formerly Family Service of Rochester Financial Management Program from APS	85	58	
Number of Adult Services cases closed at intake	727	525	
Number of seniors receiving HEAP grants per year	3,067	3,012	
Number of seniors receiving WRAP grants per year			90
Number of seniors accessing financial management programs	319	295	418
Number of seniors receiving information assistance from HIICAP program	***4740***	***8200***	***4029 ****
Number of placements (slots) in subsidized Senior Employment Program	22	22	5

* Monroe County OFA received additional funds in 2006 & 2007 to assist seniors with understanding Medicare Part D, the state combined the additional funding with HIICAP funding.

Outcome 5: Youth and families access needed support to obtain optimal development.

Indicators:

- 5% Increase in the number of youth reached by youth development programs
- 5% Increase in the number of families reached by developmental interventions

Strategies: Continue to support Community Optional Preventive Programs like EnCompass Resources for Learning and Hillside Work Scholarship Connection to build skills in youth and families that are at general risk of out of home placement. Further integrate these services into the Rochester City School District and ensure that these services are part of a continuum of services designed to enhance child, youth and family development. Continue to support Nurse Family Partnership and Community Health Worker Program as part of a larger strategy to improve strengths in children and families. Continue commitment to strengthening the Community Asset Partnership Network and expanding the voice of the Asset Approach through grant seeking and refinement of local Asset initiatives. Partner with Search Institute to bring annual conference to Monroe County. Seek funding beyond Youth Bureau allocation to expand and improve quality of youth development services. Continue projects which aim to increase best practices in services delivery.

Responsible Division: Division of Administration & Purchased Service (Detention Center, Rochester Monroe County Youth Bureau), Child & Family Services

Measure	2004	2005	2007
Number of youth participating in youth development and prevention services	19,194	13,500	
Number of youth receiving diversionary services	1,103	993	
Number of municipalities & school districts participating in the Asset Partnership Network	18	18	
Number of municipalities & school districts trained in youth development and the asset model/approach	18	18	
Number of youth participating in COPS programs			
Number of families served by EnCompass			
Number of youth served by HWSC			
Number of First Time Moms Served by NFP			
Number of Families served by CHWP			
Number of youth served through contracts for arts, cultural and recreation programs (Moved from Outcome 7)	16,235	13,824	
Number of youth involved in civic engagement/community service through Youth As Resources (Moved from Outcome 7)	450	500	

Outcome 6: DHS operates at a maximum level of fiscal responsibility.

Indicators:

- 2.5% Increase in appropriate opportunities for revenue
- Ensure that eligible consumers continue to be served in a cost effective manner

Strategies: Continue to analyze and improve reimbursements and access to grant funds where appropriate.

In cooperation with the county Purchasing Office implement a new performance measurement initiative for all contracts (5 year timeline).

Responsible Division: All DHS

Measure	**2004**	**2005**	**2007**
Reimbursement Revenue department-wide			
New funding for core services			
JD/PINS Care (Average local cost per child per month)	$3,193/child	$2,792/child	
Foster Care IV-Eligible in purchased residential foster care (Average local cost per child per month)	$1,993	$2,416	
Foster Care child welfare purchased agency (Average local cost per child per month)	$5,301	$5,199	
Foster Care – IV-Eligible in family foster care homes (Average local cost per child per month)	$368	$491	
Foster Care – child welfare family foster care homes (Average local cost per child per month)	$703	$460	
Title XX Claimed (Amount claimed annually) [note: this is for preventive, protective, etc., but not foster care]	$2,901,789	$2,828,121	
Number of eligible seniors served through OFA programs		35,968	23,841
Number of subcontracting OFA agencies meeting or exceeding number of persons to be served as stated in contract		99%	99%
Number of grant applications prepared by the Youth Bureau	2	2	
Number of community grant applications participated in	2	1	

Outcome 7: Employees of the Department will experience a high degree of satisfaction.

Indicators:

- Staff caseloads for all programs
- Employee satisfaction surveys

Strategies: Identify maximum effective caseloads, utilizing mandated state standards and work management studies and develop strategies to come in line with maximum numbers. Review data obtained through employee satisfaction surveys to identify opportunities to improve employee satisfaction.

Responsible Division: All DHS

Measure	2004	2005	2007
Average CPS Management caseload per worker	12	12	
Average number of new CPS reports received per worker per month	9	9	
Additional measures under development			

Outcome 8: Customers of the Department will experience a high degree of satisfaction.

Indicators:

- 5% Reduction in Number of Client Complaints
- 5% Increase in client customer reports of satisfaction with DHS programs

Strategies: Establish a Customer Service Hotline to address client concerns effectively and efficiently. Track all client complaints and compliments in a database with regular review by administration and managers.

Responsible Division: All DHS

Measure	2004	2005	2007
% of applications processed within 45 days	69%	72%	
Monthly average for total number of applications processed within 45 days	301	276	
Monthly average for total number of applications pending beyond 45 days	195	77	
% of overdue applications not processed due to worker backlog	19%	28%	
% of CPS determinations that are overdue/total reports active	N/A		
Number of trainings provided to Best Practice Partners	30	22	
Number of asset recognition efforts/activities	2	2	
Additional measures under development			

V. PLAN MONITORING

The MCDHS Strategic Initiatives and Data Analysis area will be responsible for the monitoring and implementation of the Child & Family Services Plan in collaboration the RMCYB and MCDHS administration.

VI. RESOURCE ALLOCATION/FINANCING PROCESS

Child & Family Services:
Many services in the Child & Family Services Division, such as foster care and adoption, are "demand driven" and criteria for service is mandated by need and regulation. Ancillary services including preventive services and community optional preventive services are developed and implemented based on need. Monroe County DHS is aggressively reviewing services it currently purchases and is developing a strategy to ensure that purchased services follow the core priority areas: *Safety, Self-Sufficiency and Healthy Development, Effective and Efficient Utilization of Limited Resources*.

A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. In the last thirty years policy makers, human service workers, community groups and researchers have increasingly asked if the programs, services and strategies they use actually work? Interest in identifying the most effective efforts has led to research on local, state and national models. The findings of these studies are the basis of a new body of literature across multiple disciplines that describe and highlight "what works" when trying to improve outcomes for children, youth, families and communities.

Monroe County and its partners are implementing several evidence or science-based models to address priority issues in our community but more must be done. Over the last few years, we have seen a significant increase in the percentage of families receiving preventive services that are also active with child protective services. This upward trend suggests two things. The first is that we should be thinking about focusing more of our resources toward primary and secondary prevention in an effort to decrease the number of children entering the system through the doors of CPS. The second is that we must continue our efforts to bring effective, science-verified programs to Monroe County and hold ourselves accountable for delivering them with complete fidelity to those models as they were designed and tested. We can no longer afford to invest in programs that do not have proven, measurable results based on rigorous research.

To be considered for funding a program must include the following:

A. Alignment with the Integrated County Plan framework and Core Priorities: Address two or more of the core priority areas:

- Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults
- Self-sufficiency and Healthy Development
- Effective and Efficient Utilization of Limited Resources

B. A program model that derives its foundation and focus in research based/evidence based elements of effectiveness and which is responsive to the population identified to be served and the impacts sought:

C. A results-based performance history that can achieve the outcomes stated:

- Assessment of program's performance against the outcome objectives
- Description of past performance history of the program
- Agency's performance with other programs (if the program is new)
- Demonstration of program's commitment to continuous program improvement and systems for implementing quality improvements based on performance data

In summary, program-funding decisions will be guided by the following elements detailed above:

- Address a two priority focus areas of the Integrated Plan
- Include evidence-based/research-based program models and elements of effectiveness
- Implementing organization will have a results-based program history

DHS-Rochester Monroe County Youth Bureau:

The Monroe County Integrated County Plan provides direction and outlines the Department of Human Services Rochester-Monroe County Youth Bureau's 2007-2009 Funding Priority Guidelines. The Integrated County Plan requires that resources be prioritized within three core priority areas: *Child & Family Safety, Self-Sufficiency and Healthy Development, Effective and Efficient Utilization of Limited Resources*. The Funding Priority Guidelines continue the DHS-Youth Bureau's commitment to support three Monroe County community-wide outcomes through investment in programs and strategic initiatives: Children Succeeding in School, Youth Leading Healthy Lives, and Strengthening Families.

The Integrated County Plan sets forth several approaches to building a youth development foundation that provides a comprehensive approach to improving outcomes for youth and families within their community that includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Planning for the funding process has drawn from the work of the Search Institute's *Assets Approach "Healthy Communities, Healthy Youth"*; and Developmental Research & Programs *Communities That Care " Social Development Strategy" and Kretzmann and McKnight "Asset-Based Community Development" and the National Research Council and Institute of Medicine "Community Programs to Promote Youth Development"*. The long term outcome is to build a *common sense* system that is responsive to youth and families, willing to partner with community members, consistently child and family focused, strength-based and grounded in research-based effective models and strategies. This *common sense* approach focuses on preventing problems rather than re-mediating problems.

The DHS Rochester-Monroe County Youth Bureau recognizes that funds allocated to support a youth development program often make up a portion of the funds required to implement a program and that other funders are partners in this funding investment. Monroe County's Integrated County Plan process promotes a collaborative approach with key stakeholders to impact youth and family outcomes and move to a results-based, coordinated, responsive and comprehensive *common sense* service system. The resource allocation process will reinforce the Integrated County Planning process by seeking opportunities to work closely with other funders and relevant parties to implement an investment approach whereby new funding decisions and requests for proposals are not conducted in isolation but as cooperative ventures.

II. Funding Criteria

Alignment, program model elements and effectiveness, and performance are three cornerstones to investment decision making. All programs requesting funds are required to submit a program application and program narrative/description for the three-year investment cycle.

To be considered for funding a program must include the following:

D. Alignment with the Integrated County Plan framework and Core Priorities:

1. Address two or more of the core priority areas:

- Safety- Protection and Support of Monroe County's most Vulnerable Children and Adults
    - Safety and protection for Monroe County's children, youth and families is a critical value and priority. Children and youth who live in safe and healthy environments are more likely to thrive and less likely to be placed in an out-of-home setting.
- Self-sufficiency and Healthy Development
    - Young people are actively engaged in the process of their development; aware of their needs and involved in the decisions that affect their lives; and are supported in the developmental process by positive youth-adult relationships and partnerships. Opportunities are provided for all youth to be engaged in the development of competencies, connections, character, and confidence that will become a basis for their success. Youth do better in families where there is nurturing, support, clear expectations and boundaries. Positive family communication between a young person and primary caregiver(s) increase opportunities for youth to seek advice and counsel within the family and primary caregiver(s) involvement in youth's schooling helps them succeed in school. Families with less conflict between primary caregivers and caregivers and youth support healthy development. Families need to be provided the necessary supports to reduce conflict and provide appropriate monitoring and clear expectations of children.
- Effective and Efficient Utilization of Limited Resources
    - A comprehensive approach to improving outcomes for children, youth and families includes recognizing, promoting and supporting healthy behaviors and beliefs while focusing resources on priority needs. Focused resources must be effective, evidence-based and if possible coordinated with a continuum of services to eliminate or reduce duplication and increase efficiency.

2. Contribute to one or more of the community-wide outcomes:

Community wide outcomes and indicators are long term efforts that focus on promoting successful outcomes and measuring reduction of problem behaviors and/or increase in positive behaviors. They require the concerted effort of all community sectors and institutions to have an impact. Each sector plays a contributing role in our community succeeding in reaching these outcomes. Community wide outcomes are:

Youth Leading Healthy Lives **Outcome**	***Children Succeeding in School Outcome***	**Family Stability Outcome**
Fewer teen pregnancies	Improved academic achievement	Safer and more supportive living environment (permanency)
Reduced substance abuse among minors	Improved school attendance	More school stability
Less juvenile delinquency	Advancement in grade	Living above poverty
Fewer arrests for violent crimes	Fewer suspensions/lower suspension rates	Reduced child abuse and neglect
Fewer preventable and untreated health problems	Higher graduation rates	Better employment opportunities
Increased number of youth development assets	Increase number of graduates obtaining employment or continue to higher education.	Increased numbers of youth living in stable environments (includes RN/HY)

3. Based on a youth development framework:

A youth development framework is the core foundation in all work with youth, whether they are involved in general youth services programming, prevention programming, early intervention programming or treatment services. Youth development begins with the

principle that all youth have strengths. A Youth Development approach uses these strengths as the foundation for action; it nurtures youth assets; it strives to promote competencies and mastery of life skills. This approach recognizes that all youth will develop; it is incumbent on the family and community to ensure that there are appropriate positive pathways for that development. A Youth Development philosophy or approach is focused on what we want young people to achieve. At the core of youth development is youth participation and partnership with adults. Opportunities to participate in the development of their communities help young people gain a better sense of self, find their own talents, enrich their skills, and find adults with whom they can have positive, safe connections.

E. A program model that derives its foundation and focus in research based/evidence based elements of effectiveness and which is responsive to the population identified to be served and the impacts sought:

- Description of program model's comprehensive approach which promotes or supports a coordinated service system for the participants they serve
- Based on a logic model that delineates the assumptions or beliefs, inputs, activities and outputs that will lead to the outcomes.
- Well defined target population
- Statement of the number of youth/family to be served by the program
- Degree of change or improvement expected of program participants indicated
- Clear description of research based/evidence based program model foundation and theoretical foundation the model is built on.

The National Research Council reports that effective programs provide:

- Physical and psychological safety
- Appropriate structure
- Supportive relationships
- Opportunities to belong
- Positive social norms
- Support for efficacy and mattering
- Opportunities for skill building
- Integration of family, school and community efforts

F. A results-based performance history that can achieve the outcomes stated:

- Assessment of program's performance against the outcome objectives
- Description of past performance history of the program
- Agency's performance with other programs (if the program is new)
- Demonstration of program's commitment to continuous program improvement and systems for implementing quality improvements based on performance data

In summary, program-funding decisions will be guided by the following elements detailed above:

- Address a priority focus area of the Integrated Plan
- Provide for a comprehensive youth development approach

- Include evidence-based/research-based program models and elements of effectiveness
- Implementing organization will have a results-based program history

MONROE COUNTY

PINS DIVERSION SERVICES PLAN

And

MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN

MONROE COUNTY OFFICE OF PROBATION-COMMUNITY CORRECTIONS

AND MONROE COUNTY DEPARTMENT OF HUMAN SERVICES

STRATEGIC COMPONENT – CHILD & FAMILY SERVICES PLAN

2007-2009

I. UPDATE OF 7/05 MOU ON COOPERATIVE PROCEDURES BETWEEN LDSS AND PROBATION REQUIREMENTS

a.) Designated Lead Agency

Monroe County Office of Probation-Community Corrections will continue to be designated as the lead agency.

b.) Update on Inventory of Available Services

Monroe County publishes several inventories of services available to youth and families throughout the community. The Rochester-Monroe County Youth Bureau publishes the Youth Yellow Pages and the Adults Guide to Youth Services. The Rochester-Monroe County Youth Bureau in collaboration with the Monroe County Office of Probation-Community Corrections developed a Service Inventory for 16 & 17 Year Olds. The Monroe County Department of Human Services-Preventive Services Unit publishes annually the Preventive Services: Program & Eligibility Standards. These inventories have been shared with Probation and other emergency contact points to raise awareness of those working with youth and families of the services available in the community. In addition, Monroe County has implemented a 24 hour information and referral hotline (*211) and a website (www.211fingerlakes.org) which contains a complete inventory of human services available in the Finger Lakes region.

The following outlines the specific programs in the 4 categories required as well as outlines efforts to shift/expand resources to better meet the requirements of PINS youth and families.

Residential Respite

When a child presents to the PINS system in need of alternative or respite housing, the Probation Officer First looks to utilizing family and friends as the first source of housing options. When those are exhausted or not available/viable, POs look to the needs of the youth (housing as well as other needs) and then try to match the youth to one of the following housing options. POs have been able to meet the

housing needs of PINS youth (to date) utilizing family, friends and emergency housing/respite program resources.

- Center for Youth Services: operates a 12 bed (R/HY) co-ed shelter for youth ages 12 to 18. The shelter is located within the City of Rochester and is operated pursuant to R/HY Regulations. The Center for Youth Services also operates a Temporary Emergency Family (TEF) program that has 5 beds for youth ages 12 to 18. TEF homes are located throughout the county.
- Salvation Army: operates Genesis House (R/HY) a 14 bed co-ed shelter for youth ages 16 – 21 who can stay up to 30 days. Youth are self-referred. The shelter is located within the City of Rochester and is operated pursuant to R/HY Regulations.
- Malita House (pregnancy): is an 11 bed (8 emergency and 3 transitional) home for pregnant & parenting teens (females) up to age 17 operated by Mercy Residential Services. Length of stay is based upon the individual youth's needs. Youth must be residents of Monroe County. Youth may be self-referred, or referred by an agency or family member.
- YES (Youth Emergency Services): contracts with Hillside Children's Center for 4 mental health crisis beds that a youth (up to age 18) can stay at for up to 14 days. Youth referred to these beds must have mental health issues/behavior problems. The YES beds are located at Hillside. Youth are referred to the beds by either the Strong Mobile Crisis or community mental health providers.
- Hillside Children's Center: Monroe County is in the process of revamping the Enhanced Diversion Program. This 8 bed program has been an up to 30 day PINS respite program. Monroe County is in the process of changing the program model to one that will serve youth and families up to 21 days. Monroe County anticipates revamping the program model and securing funding by November 2006.
- Department of Human Services: DHS provides emergency housing to older youth (16 and up), some of whom are the subject of a PINS complaint. In 2005, DHS placed 620 youth ages 16 to 20, who were without parent, in youth shelters (32%), adult shelters (48%) and hotels (20%).

Crisis Intervention

Monroe County has done an analysis of the time of day when potential petitioners are making calls to Probation as well as type of call/purpose of call. Very few calls come into Probation during non-work hours. In many cases parents or community members in crises will contact the array of existing emergency crisis contacts in the community before contacting Probation. Monroe County is establishing protocols for incorporating an emergency/immediate PINS response into the system redesign slated for start-up in December 2006.In the interim, Monroe County is working with the existing emergency contact points to identify how many calls are PINS calls, time of day of the calls, needs of the caller and where the caller was directed. This information will help design an immediate response capability into the PINS Re-Design model. The following lists the current array of crisis intervention resources:

- PINS Information Line: Staffed 9 hours per day (8:00 am – 5:00 pm) by Probation Officers trained in juvenile services. Probation Officers will triage calls, talk to caller about needs and options, and assist caller in identifying next steps.
- On-Call Probation Officer: During non-working hours, an on-call Probation Officer will be available to other crisis contact points (Lifeline, RPD's FACIT, HCC Emergency Line, etc) to conference calls, discuss possible options and identify next steps.
- NightWatch: Probation will be able to enlist the assistance of NightWatch (a combined Rochester Police Department, FACIT and Probation Officer team that works evening hours to serve warrants, curfew checks, etc) to go to a youth's home
- County Nightwatch: Probation will be able to enlist County Nightwatch (Monroe County Sheriff Deputies and Probation Officer team) for non city residents.
- JIT (Juvenile Intervention Team): Probation Officers, police officers and 911 dispatchers are able to enlist the assistance of JIT (a combined Rochester Police Department and Probation Officer team that works evening hours) to perform curfew checks and "knock and talks" to go to a youth's

home to respond to family crisis, and help youth and family develop a short-term plan until they can see their Probation Officer. If needed, they can help the youth find safe housing.

- Rochester Community Mobile Crisis Team: A service of Strong Behavioral Health, Comprehensive Psychiatric Emergency Program. RCMCT provides on-site services for children in need of crisis mental health services who cannot get to a mental health provider. Child specialist staff meets with children and their families in the home, school and community and provide one-time assessment and follow-up. Annually about 459 youth up to age 18 are served.
- Lifeline: a 24 hour telephone line staffed with trained volunteers who handle a wide array of individual and family issues and links them to appropriate services. Lifeline has on-site psychiatric resources available.
- FACIT: operated 24/7 by Rochester Police Department, FACIT staff go to family disturbance calls to assist in mediating the situation, identifying needs and linking parties to appropriate services.
- Hillside's Crisis Counseling line: Hillside utilizes R/HY monies to operate a 24/7 crisis counseling line (primarily for youth to call in to) which utilizes trained counselors to triage calls, link the caller to services and provide some follow-up.
- Metro Teen Help Line: Operated by Lifeline 24/7. Utilizes youth and young adults to answer calls directly from youth.
- Monroe County's 211 line: RPD has established a 211 line that will screen calls and link the caller with the respective provider or system of service based upon needs expressed during the call. For many families, this is the new starting point to find out about available services, hours of operation, criteria, etc.

Diversion Services

Monroe County has been providing diversion services to PINS youth and families for over 20 years. Monroe County currently utilizes (and is planning to continue to use) both formal diversion programs as well as a wide array of Preventive funded programs and youth serving programs funded by other sources. (See Attachment 1 for a list of Preventive Programs) The following is a list of the formal diversion services that are currently being used for this population of youth:

In-Home Diversion: a 60 slot in-home diversion program for PINS youth operated by Hillside Children's Center and Crestwood Children's Center.

Functional Family Therapy (FFT): a 24 slot diversion program for youth ages 16 – 18 operated by Cayuga Home for Children.

Multi Systemic Therapy (MST): 32 slot program for adjudicated PINS/JD's. A high risk diversion youth may access services when deemed appropriate.

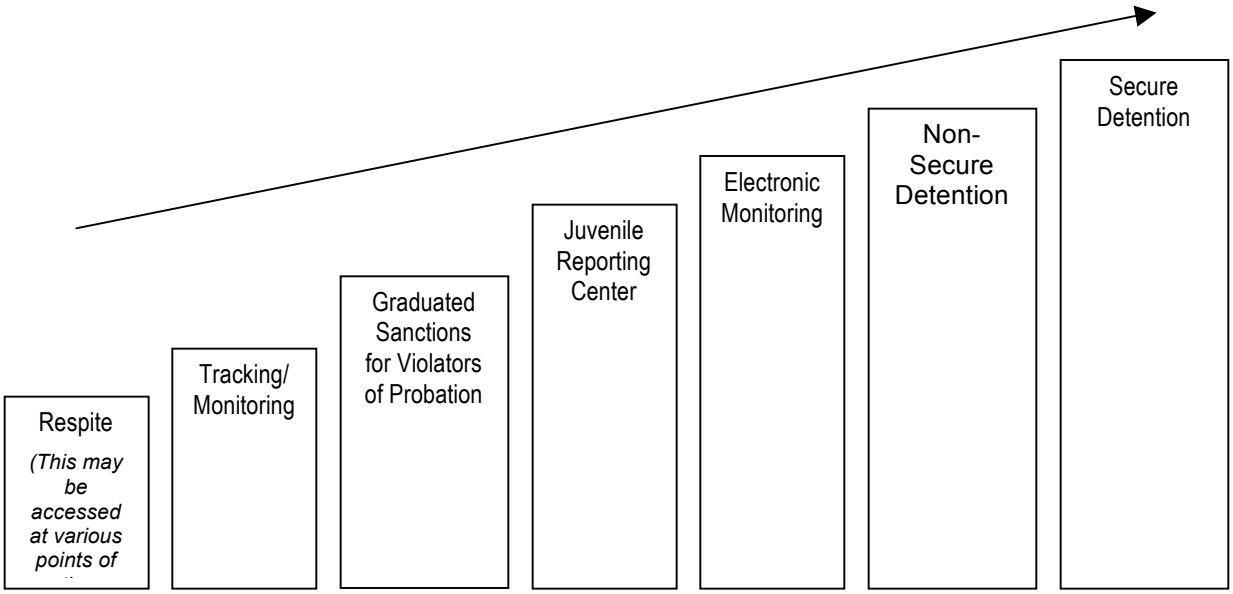
Youth and Family Partnership (YFP): Capacity to serve 100 multiple system involved youth, with a mental health diagnosis. A high risk diversion youth may access this program when deemed appropriate.

Monroe County will look to expand the number and variety of evidence based diversion programs that will be based upon the needs of youth and families coming to the PINS system for assistance.

Alternatives to Detention

Monroe County has undertaken an effort to develop a system of alternatives to detention for both PINS and JD youth. Monroe County hopes to establish a continuum of alternatives to detention that ensure a youth's appearance in court, maintains community safety, and reduces the likelihood of a youth offending while pending court disposition. Monroe County received an OCFS Technical Assistance grant in 2006 to have Vera Institute for Justice assist Monroe

County to look at local detention practices and identify areas where changes could be made. Monroe County contracted with Vera for an additional day of one-to-one consultation to further define the focus/efforts for Monroe County in the arena of detention reform. Monroe County is interested in implementing an array of alternatives to detention following the model diagramed below.



In summer of 2005, Monroe County applied for and received a grant from OCFS for SFY 2005-2006 Prevention of Detention Placements and PINS Services. Monroe County contracted with St. Joseph's Villa for a juvenile reporting and tracking program for pre-adjudicated PINS youth. Due to delays in receiving the award notification and the county contracting process, the contract ran from 11/1/05- 6/30/06. The first two months of operation were spent recruiting and training staff, establishing protocols, meeting with key stakeholders, and purchasing/leasing equipment. The program was able to conduct 465 curfew checks (270 visual and 195 phone) for 33 youth for the period 3/06 - 6/30/06 (or 140% of the pro-rated objective). Seven (7) youth were released from detention and placed in the Villa Release Program (58% of pro-rated objective). All of those youth successfully completed the release component and made all court appearances. No youth were referred to the tracking component. Monroe County believes that the Juvenile Reporting and Tracking Program, now referred to as the Villa Release Program, has much potential and should be continued even though the numbers for the first 6 months were less than projected. The components of the Villa Release Program were supported by the recent two-day retreat on detention reform in Monroe County. It is essential that as Monroe County moves forward with detention reform efforts, that these program components continue intact and become the core components of a local continuum of detention alternatives. Representatives from DHS, Probation and the Villa will continue to meet to identify and implement strategies to make this resource known and encourage the courts to refer more youth to the release component. These meetings will continue to assess the results of the strategies and review program data.

Monroe County has already in place Respite, Tracking/Monitoring, Electronic Monitoring, and a Juvenile Reporting Center. Though all of these are not available to PINS and JD youth to the same

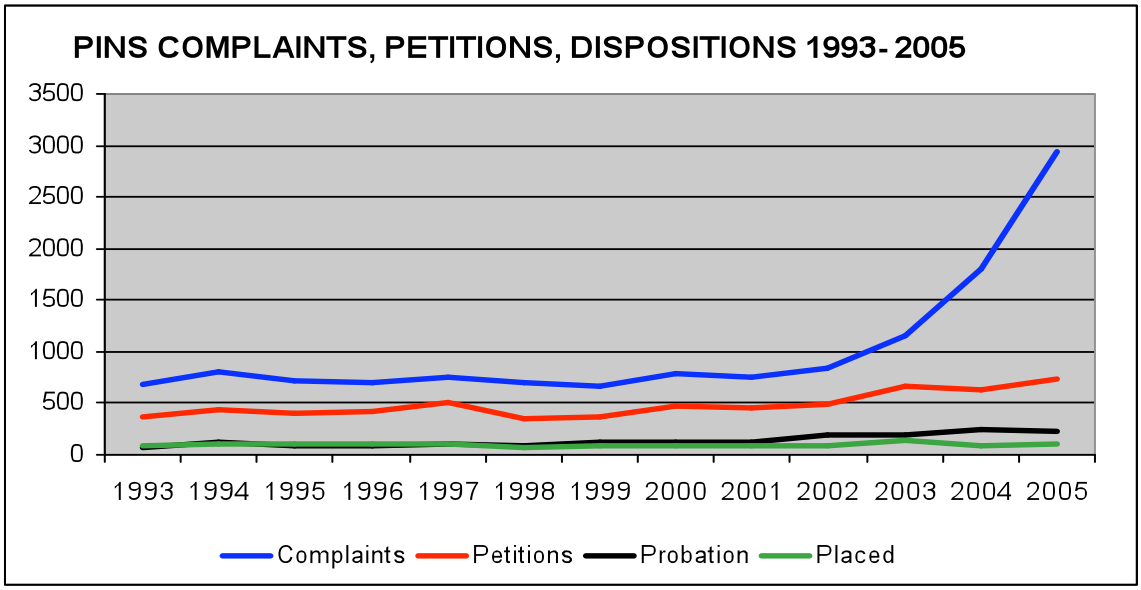
extent, these resources have the potential to be expanded to serve more youth and/or youth who present with needs that traditionally would have excluded them from being released from detention. Monroe County is committed to continue to build a system of alternatives to detention.

Alternative Dispute Resolution Services

Monroe County currently has a PINS Mediation Program through the Center for Dispute Settlement which has been very successful in resolving issues so that the cases do not return to Probation Intake or Family Court.

c.) Changes in Procedures for Initiating and Delivering Diversion Services

Despite Monroe County's array of services available to at risk families, the number of youth entering the PINS system and the number of PINS youth placed in residential care remains higher than comparable counties and has continued to increase over the last 10 years. The chart below shows the number of PINS complaints, petitions, placements with DSS, and Probation Supervision cases from 1995 to 2005.



Monroe County is in the midst of re-designing its' local PINS system based upon the results from the retreat with the Vera Institute of Justice in June of 2004. Subsequent changes to the PINS law (effective April 2005) has further supported the direction Monroe County is moving in with its redesign, though some of the changes in the PINS law has forced further revisions to the redesign of the new system. An Implementation Team has been working since 2005 in designing a PINS system that would be viable/sustainable in Monroe County given the numbers of PINS intakes (see chart above), County budget limitations, union issues and local juvenile justice system practices. Monroe County anticipates the major changes in the local practice… "Changing the front door" to occur in late 2006. The model to be used for intervening with families will a short term Child and Family Team (CFT) process that is similar to the model being used in the Youth and Family Partnership (YFP) and the SPOA. (Refer to Attachment 2: PINS Re-Design Model) The redesigned system includes the following components:

- A new County operated assessment and referral process linked with the mental health Single Point of Access (SPOA) which will provide immediate intervention for families experiencing significant emotional and behavioral challenges with their children (single point of access);
- Hours of operation will be 9 a.m. - 8 p.m. Monday thru Thursday, Friday 9 a.m. - 5 p.m. and Saturday 12:00 p.m. - 4 p.m.

- A new way to respond to the needs of youth who runaway and their families;
- Alternatives to detention;
- A cooperative effort with area school districts to develop and implement a truancy protocol;
- Continued emphasis on alternatives to placement for adjudicated youth;
- An improved way to transport youth to and from non-secure detention.

The following section describes the procedures currently in place for delivering diversion services and notes any changes made in those procedures from those identified in the July 1, 2005 MOU. The procedures identified below will be changed once the PINS system re-design is implemented and a new MOU will be developed at that point.

How will the county provide an immediate response to families and youth in need of services? Please include provision for 24 hour response capability

Monroe County has done analysis of the time of day when potential petitioners are making calls to Probation as well as type of call/purpose of call. Very few calls come into Probation during non-work hours. Monroe County anticipates that families and community members will continue to contact the existing array of emergency contacts during non-business hours. To coordinate between systems and facilitate communication there will be an on-call Probation Officer (reachable via pager) who will be available to emergency contact points, to consult on situations.

Monroe County will continue to use a PINS Information number as the first contact point. Probation Officers will respond to callers by triaging the call, identifying the needs of the caller and youth. If the situation is one that requires services from a mobile or crisis service, the Probation Officer will link the youth and family to that system and follow-up to ensure that the crisis is being addressed. During off-hours, a message will be on the PINS information number directing people to contact the police (911) if a child is missing. Probation will keep data on the type of call, needs of the caller and youth, where referred to, if the call involves a current PINS matter or Probationer, and what services/systems were the individuals linked to. This information will be reviewed and gaps in service delivery system identified. This information will then be incorporated into PINS System Re-Design planning.

Monroe County Probation has discontinued the practice of interviewing prospective PINS petitioners at the Family Court office in the Hall of Justice, eliminating even the suggestion that access to Family Court is imminent. Families are referred to Probation's downtown office for service. Police agencies and other referral sources have been reminded to refer families to Probation and not to the Family Court. Monroe County Family Court Clerk's office routinely re-directs parents to Probation's downtown offices.

How potential petitioners initiate a request for diversion services.

Monroe County will continue to use a PINS Information number as the first contact point. Probation Officers will respond to callers during the hours of 8:00 to 5:00 weekdays. Messages left during non-business hours will be returned the morning of the next business day. During off-hours, a message will be on the PINS information number directing people to contact the police (911) if a child is missing. Probation will keep data on the number of off-hour calls, type of call, needs of the caller and youth, where referred to, if the call involves a current PINS or Probationer, etc. This information will be reviewed and adjustments to staff coverage hours may be made based upon analysis of the data.

Currently, a Senior Probation Officer in the Family Services Division serves as the *School Liaison*. School districts wishing to file a PINS Truancy complaint will be encouraged to contact the *School Liaison* to discuss the situation and identify (where possible) other options available to the school to address the behavior. School districts still desiring to file a PINS Truancy complaint will be required to complete a referral form in which the school district must identify what efforts they have undertaken to address the truancy behavior and the results of each intervention. In addition, if the child is classified as special education, the school district must attach documentation that a Nexus Hearing was held and the results of

that hearing along with who the participants were. Probation Officers will be assigned school truancy cases on a random basis. If a school packet comes through and is incomplete, the *School Liaison* will contact the school district, review the case, identify what is missing or unclear, list the current issues, and state the school district expectations from the PINS system. Together the District representative and the *School Liaison* will agree to a course of action. In addition to the School Liaison, Probation has off-site locations at most of the City Schools, including Officers assigned specifically to Thomas Jefferson High School, and Wilson Academy.

How and by whom the initial conference will be schedule?

The Probation Officer who has the initial contact (generally over the phone) with the potential petitioner will assess the situation, identify any crisis needs, make any necessary referrals/linkages, and schedule a face-to-face conference with the parties. The Probation Officer who has the initial contact will be assigned to the case and will stay with the youth and family through diversion services unless a geographic or school based assignment is deemed appropriate and is preferable to the youth and family.

How and by whom eligibility for PINS diversion will be determined?

As mandated by the PINS Reform legislation, youth who are exhibiting PINS like behaviors (at-risk) will be considered to be eligible for PINS services. During both the initial contact and the face–to-face conference Probation Officers who respond to the initial PINS inquiry will identify the concerns of the youth and family, list the services and systems the youth and family have been involved with and the outcomes of that involvement, and explain the PINS system and the outcomes they can expect from the system. If a youth and family believe that another system is more appropriate to meet their needs, the Probation Officer will facilitate the linkage with that system and follow-up to ensure that the youth and family have made that connection.

All PINS eligible youth and families, as defined above will be determined to be 'suitable' by the Office of Probation – Community Corrections. Per statute, there are no exceptions. Before any consideration for PINS petition filing, an assessment and determination will be made that there is no substantial likelihood that the youth and his or her family will benefit from diversion services.

If a youth has had previous contact with the PINS system, the assigned Probation Officer will review all available records. The Probation Officer will discuss with youth and family what resources were helpful and the expectations they have of the PINS process. Probation will not exclude a youth from diversion services who has received diversion services in the past unless the youth refuses to participate in diversion services.

How an assessment will be made to determine whether the youth would benefit from residential respite services or other alternatives to detention?

Determination of the need for respite will be based upon the presenting situation and a safety assessment of the home. If the home is determined to be unsafe due to violence, instability, unsafe behavior of the youth or the parent/relative, alternative housing options will be explored. The first option will be to identify a relative or other adult family member who can take the youth in. The second option would be to identify an adult friend of the family who can assist the youth. The third option would be use of an emergency or respite bed. If a youth goes into a respite or emergency bed the Probation Officer will meet with the youth, family and the respite/emergency housing staff to discuss the situation and develop a plan. If it is determined that there are mental health issues and a mental health oriented bed is needed, then the Probation Officer will link with YES (Youth Emergency Services), the Mobile Crisis Team or HCC Diagnostic Program.

The Senior Probation Officer who acts as the School Liaison also serves as Family Court Liaison. This Sr. Probation Officer will be responsible for a detention review process similar to what is done with juvenile delinquents. This Sr. Probation Officer will have an office at court and be available to review youth who are detained and speak with family, the youth, law guardian and other interested parties. The Sr. Probation Officer will work with the youth and family to identify an alternative to detention plan that will ensure that the youth appears in court as required and does not put him/her at risk.

If a matter is being Petitioned Immediately to court in instances of a missing/runaway child, the Probation Officer can make a recommendation with the warrant request that the youth be referred to the Villa release Program as an alternative to detention once the youth appears in court. The court can also request tracking and/or curfew monitoring. Electronic Monitoring (EM) alone or in combination with one of the other alternative to detention resources is also available.

What assessment protocols will be used to determine risks, needs and strength?

Monroe County will continue to use the YASI as the core screening and assessment instrument. All youth and families that come in for a face-to-face conference will have a YASI Pre-Screen completed. The next steps will depend on the score from the YASI Pre-Screen. If the Pre-Screen shows a medium to high score, then the YASI Full Screen (assessment) will be completed. In addition, Probation has available to it, specialized assessments in the areas of mental health, substance abuse and sexually inappropriate/ offending behavior. These assessments can be done onsite at Probation. These specialized assessments can further assist Probation, the youth and the family in identifying needs and develop a plan to address needs in the community, where possible.

How and by whom referral to services and a case plan will be developed, including any case plan protocols that will be used?

The Probation Officer upon completion of either the YASI Pre-Screen (for low risk) and the YASI Full Screen (for medium and high risk) will develop a diversion agreement that will be signed by the parent/guardian, the youth and the Probation Officer which outlines needs, services/programs referred to, behavioral expectations, and frequency of communication and reporting between Probation Officer, youth and family. The diversion agreement is continually re-assessed with the youth and family, as new information becomes available and updated. At the time the diversion agreement is developed, families are given information about the referral program and expectations. This is communicated initially by Probation and reinforced by the referral program.

If the Probation Officer decides to refer a youth and family for services from either a Preventive Program or a formal diversion program, the Probation Officer will complete a referral form, attach a copy of supporting documentation and assessment information, and fax to the program within two days. Initial contact with ready-to-open cases is made within three days by referral agencies. The Preventive or Diversion program will make contact with the child and family within one week. The referral agency will communicate using a standardized letter that outlines expectation of wait time including interim contact person and phone number. A copy of the letter will be forwarded to Probation. The initial intake interview with the referral agency will include the youth and at least one legal guardian and will involve further assessment, trust building and necessary paperwork. Strengths will be identified and mutual goals and expectations agreed upon. Subsequent meetings will encourage participation from all members of the family including any other significant persons not currently living in the household. The agency's treatment plan incorporates the Probation plan and is written with family input within twenty days and shared with the family, Probation and DHS (if a Preventive funded program). By the third week there will be a conversation regarding the case plan and goals between the Probation Officer and the service provider worker, initiated by the worker.

If the Probation Officer decides to refer a youth and family for services to a community-based program, the Probation Officer will assist the family in making the initial appointment. Probation will clarify with the

program what information they need, and how the program and Probation will communicate about services provided. Probation will send a referral form (fax where possible) and attach a copy of supporting documentation and assessment information as required. The intake interview with the referral agency will include the youth and at least one legal guardian. The agency's treatment/case service plan incorporates the Probation plan and is written with family input within twenty days and shared with the family and Probation. By the third week after the initial interview there will be a conversation between Probation and the community agency regarding the case plan and goals. Probation and the community program will clarify expectations for on-going communication regarding the case.

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d.) Criteria and Procedures for Determining Case Closing

There will be three types of case closing of diversion cases:

1. Closed –Intervention Successful (Not petitioned)
2. Closed – Family/Youth Requests No further Intervention or No Longer Believe That They Will Benefit From Diversion or Probation Services (Not petitioned)
3. Petitioned- Diversion Unsuccessful And No Further Services Will Benefit Family or Youth

Closed –Intervention Successful
If the family, youth and Probation Officer agree that the needs have been addressed/resolved, the Probation Officer will identify a case for closing. The Probation Officer will have a closing interview with the family and youth. The Probation Officer will obtain the supervisor's approval before closing the case, and will prepare and send the closing letter (see below).

Closed – Family/Youth Requests No further Intervention or No Longer Believe That They Will Benefit From Diversion or Probation Services
If the family and youth state that they do not want any further services or contacts with Probation, the Probation Officer will prepare a closing letter outlining what was attempted and the outcomes. The Probation Officer will have a closing interview with the family. The Probation Officer will obtain the supervisor's approval before closing the case, and shall prepare and send the closing letter (see below).

Petitioned- Diversion Unsuccessful and No Further Diversion Services Will Benefit Family or Youth
If the family, youth and Probation Officer agree that the needs have not fully been met AND they will not benefit from further services or contacts with Probation AND the petitioner requests that the case go to court, the Probation Officer will prepare a summary cover sheet to attach to the petition that outlines the interventions attempted and the outcomes. The Probation Officer will obtain the supervisor's approval before closing the case, and shall prepare and send the closing letter (see below).

When a case has been referred for services outside of Probation and that program has determined that the case is ready for closing, there will be a discussion between the program, family, and Probation Officer on the type of closing and expectations of an after-care plan. A copy of the discharge/closing summary is sent to the Probation Officer. Before a case is actually closed by the Probation Officer, the Probation Officer will meet with the youth and families to review the diversion agreement, any information sent from programs/ services about what services were provided and the outcomes, and identify any outstanding issues/ concerns. If all parties agree that the case should be closed, the Probation Officer will make a determination as to the type of closing. If the family or youth believe that they could benefit from further services, the Probation Officer will work with the youth and family to clarify the needs and identify possible provider/services. The Probation Officer will link youth and family with new services and the case will remain open.

<u>Notification to the potential petitioner when services are terminated based on determination that interventions were successful, detailing the diligent efforts undertaken</u>

Monroe County Probation has developed a letter that will be sent when a case is closed and the services have been completed. The letter will list the interventions and the status of those interventions. The letter will be sent to the petitioner as well as to the child. In the case of a truancy complaint, the letter will be sent to the school, the family and youth.

Notification to the potential petitioner when services are terminated based on determination that interventions were unsuccessful & there is no substantial likelihood of the youth and family benefiting from further attempts or services and the case has not been successfully diverted (include documentation of *diligent efforts* to the court)

Monroe County Probation has developed a letter that will be sent when a case is closed (but not petitioned to court) because the interventions were not successful and there is no substantial likelihood of the youth and family benefiting from further diversion attempts or services. The letter will list the interventions attempted and state why they failed. The letter will be sent to the petitioner, the youth (respondent) and his/her family (if not the petitioner). In the case of a truancy complaint, the letter will be sent to the school, the family and youth.

For those cases that are being petitioned to court, Probation has revised the petition report to document diligent efforts consistent with the PINS law and ASFA requirements. A copy of this sheet will be maintained in the case file.

II. PINS DIVERSION SERVICES PLAN

a) Development of PINS Diversion Services Plan and MOU

Monroe County has been involved in a PINS planning process since June 2004 when the Vera Institute of Justice facilitated a retreat with key stakeholders to study the PINS system and identify opportunities to provide services better and more cost effectively. In September 2004, Monroe County formed a PINS Re-Design Committee, as a sub-committee of the Monroe County Juvenile Justice Council (see Attachment 3- List of PINS Re-Design Committee and Attachment 4 – Juvenile Justice Council Membership). The committee developed recommendations designed to create a PINS structure that incorporates the strengths of the current PINS system, addresses the gaps in services identified during the retreat, incorporates best practices from across the country as well as from other counties in New York State, and responds to youth and families in a more timely fashion. The committee continued to work though 2005 in modifying the model to be in compliance with the recently enacted PINS Reform legislation (Chapter 57 of the Laws of 2005) as well as to build upon the learnings in other counties in New York State that had successfully implemented PINS re-design. In early 2006, the Committee finalized a paper outlined both the model and justification for changes to the current PINS system. The model to be used for intervening with families will be the Child and Family Team (CFT) process that is similar to the model being used in the Youth and Family Partnership (YFP) and the SPOA. The paper was presented to the County Executive who approved of the new PINS model in spring of 2006 (see Attachment 5: PINS Re-Design PowerPoint Presentation May 06). The new model includes:

- A new County operated assessment and referral process tightly linked with the mental health Single Point of Access (SPOA) which will provide immediate intervention for families experiencing significant emotional and behavioral challenges with their children;

- Hours of operation to be 9 a.m. – 8.p.m. Monday thru Thursday, Friday 9:00 a.m. to 5:00 p.m. and Saturday 12:00 p.m. – 4:00 p.m.

- A new way to respond to the needs of youth who runaway and their families;

- Alternatives to detention;
- A cooperative effort with area school districts to develop and implement a truancy protocol;
- Continued emphasis on alternatives to placement for adjudicated youth;
- An improved way to transport youth to and from non-secure detention.

In addition to the PINS Re-Design efforts, Monroe County received an OCFS Technical Assistance grant in spring of 2006 to have Vera Institute for Justice Assist Monroe County to look at local detention practices and identify areas where changes could be made. Monroe County contracted with Vera for an additional day of one-to-one consultation to further define the focus/efforts for Monroe County in the arena of detention reform.
Monroe County representatives left the two day process with an agreement on guiding values for detention in Monroe County; made a commitment to develop, test, and implement an objective, standardized juvenile detention risk assessment instrument for JDs at-risk of secure detention; designing and implementing a continuum of alternatives to secure detention; and agreement to address issues around alternatives for PINS in non-secure detention specifically identifying the needs of runaways and youth 16 and 17 year olds .

b) Needs Assessment

Needs assessment activities are on-going and inform the decisions that are being made in the PINS system. Monroe County approaches needs assessment of PINS youth (as well as JDs) in several ways:

- Data is collected and reported monthly to the Juvenile Justice Council by several components of the local juvenile justice system including detention, Probation, DHS, OCFS, and Family Court. This data is discussed and issues rose via a review of the data.
- The Alternative Program Committee (APR) (committee that reviews all youth where Probation is considering recommending placement to look for alternative, community based options)has established a centralized data base that is used to discuss individual youth but aggregate data can be taken from it to identify needs, gaps in service options, etc.
- The Detention Review Committee (comprised of DHS Residential Services, Probation, DHS Education Liaison, Hillside Non-Secure Detention) meets weekly to review all youth in Non-Secure Detention to look for opportunities to move youth faster through the system and reduce LOS (length of stay). The committee identifies systemic issues as well as department issues and raises those to the Administration.
- DHS does an annual analysis of PDI's for those PINS and JD youth who have been placed with DHS to identify changes in patterns, unmet needs or gaps in community services. A report is prepared and shared with Administration.
- DHS tracks monthly numbers of PINS and JD youth and reports them on a Department Report Card.

c) Outcomes

The following outcomes are for 2007. Once the PINS system re-design comes on-line in late 2006. The strategies identified below will be further defined and expanded to represent the 2007-2009 PINS Plan period.

Outcome	Strategies	Timeframe	Responsibility
Decrease the number of PINS Intakes coming to Probation by 50% in 2007.	1. Implement FACT 2. Develop and implement a social marketing campaign to educate youth, parents, schools and other referral sources on	12/05 11/05 – 12/07	DHS/Probation/OMH/CCSI Vendor to be determined

	the new PINS System 3. Develop RFPs to purchase services for youth and families to address needs and reduce/eliminate need to file a formal PINS complaint 4. Implement a Family Education Seminar 5. Track data and prepare monthly & quarterly reports 6. Prepare an annual Report to the Community to documents the outcomes from the new PINS system and next steps in its development	 Ongoing as needs identified By 1/07 Ongoing 1/08	 DHS/Probation/OMH/CCSI/FACT DHS/Probation/Family Court/FACT DHS/FACT DHS
Reduce by 40% the number of PINS placements with DHS on original petitions	1. Decrease the number of Petitioned Immediately cases 2. Increase the use of Alternatives to Detention 3. Expand the use of evidenced based community programs 4. Develop more evidenced based programs as alternatives to placement	Ongoing Ongoing TBD TBD	FACT Probation/ Family Court APR/Probation TBD
Increase the use of diversion by 20%	1. Evaluate existing diversion programs; prepare report and submit to DHS & Probation Administrations 2. Identify gaps in existing array of diversion services 3. Seek funding for new/expanded evidenced based diversion programs 4. Establish an evaluation model to gather and use data to inform decisions about viability/continuation of diversion programs	Fall 06 - Spring 07 Summer 07 Summer 07 – ongoing 2008	DHS Probation/ DHS Probation/ DHS Probation/MH/DHS/CCSI
Reduce the LOS of PINS youth in non-secure detention by 30% in 2007.	1. Sub-Committee of JJ Council formed to focus on following up additional data needs identified during the Vera Detention TA retreat	Fall 06	Jim Mulley, Co. Law Department

	2. Develop program flyers outlining alternatives to detention & disseminate to Family Court judges and law guardians	Fall 06	Probation/DHS/SJV
	3. Increase Family Court use of the Juvenile Release Program by (1) having POs include recommendation in warrant request as appropriate; and (2) have Sr. PO available in court to offer alternative to detention options	Fall 06	Probation
	3. Meet with law guardians to increase the number of recommendations to the court for the Juvenile Release Program	Winter 06	DHS
	4. Establish data tracking model that will real-time track/report LOS	2007	DHS
	5. Report LOS data quarterly		

SIGNATURE PAGE

MEMORANDUM OF UNDERSTANDING (MOU) BETWEEN

MONROE COUNTY OFFICE OF PROBATION-COMMUNITY CORRECTIONS

AND MONROE COUNTY DEPARTMENT OF HUMAN SERVICES

STRATEGIC COMPONENT – CHILD & FAMILY SERVICES PLAN

2007-2009

This Memorandum of Understanding for Cooperative Diversion Procedures between the Probation Department and the local Social Services District describing the diversion procedures to be implemented pursuant to Chapter 57 of the Laws of 2005 is agreed to by the Monroe County Department of Human Services and the Monroe County Office of Probation-Community Corrections and is submitted as part of the 2007-2009 Integrated Comprehensive Plan (ICP)

_____	_____
Robert Burns, Director Monroe County Office of Probation-Community Corrections	Kelly A. Reed, Commissioner Monroe County Department of Human Services
_____	_____
(Date)	(Date)

My signature below constitutes approval of this agreement.

_____	_____
Maggie Brooks, County Executive	(Date)

APPENDIX A
PLAN SIGNATURE PAGE
CHILD AND FAMILY SERVICES PLAN

We hereby approve and submit the Child and Family Services Plan including the Strategic Component, the Administrative Component-Local Department of Social Services, the Administrative Component-Youth Bureau, and the PINS Diversion Services Plan-Strategic Component for the Monroe County Department of Human Services and Youth Bureau for the period of January 1, 2007, through December 31, 2009.

_____	_____	_____	_____
Commissioner County Department of Social Services	Date	Executive Director County Youth Bureau	Date

_____	_____
Chair County Youth Board	Date

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*

I hereby approve and submit the PINS Diversion Services Plan-Strategic Component of the Child and Family Services Plan for Monroe County Probation Department for the period of January 1, 2007 through December 31, 2009.

_____	_____	_____	_____
Director/Commissioner County Probation Department	Date	Chair County Youth Board	Date

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WAIVER

(Complete and sign the following section if a waiver is being sought concerning the submission of Appendix C – Administrative Component Local Department of Social Services – Estimate of Clients to be Served.)

Monroe County requests a waiver to 18 NYCRR 407.5 (a) (3) which requests a numerical estimate of families, children and adults requiring each service listed in Section 407.4 of this same Part. Therefore, Appendix C, of the Administrative Component – Department of Social Services is not included in this Plan submission. I assert that the level of service need and utilization for the full array of services encompassed by the Child and Family Services Planning Process was taken into consideration as part of the Monroe County Child and Family Services Planning Process.

_____	_____
Commissioner County Department of Social Services	Date

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Enclosed is the Child and Family Services Plan for Monroe County. My signature below constitutes approval of this report.

_____	_____
Chief Elected Officer; or the Chairperson of the legislative body in those districts without a chief elected officer	Date

APPENDIX B-1

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

PROTECTIVE SERVICES FOR ADULTS

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
PROTECTIVE SERVICES FOR ADULTS		
Aging	Monroe County Office for Aging Greater Rochester Area Partnership for the Elderly (GRAPE) MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Domestic Violence (DV) Coalition	• Office for the Aging - Weekly meetings • Greater Rochester Area Partnership for the Elderly (GRAPE) - monthly meetings • Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee - monthly meetings. • Domestic Violence (DV) Coalition - monthly meetings.
Health	MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Homeless Services Network	• CAC - APS sub-committee - monthly meetings • Homeless Services Network (HSN) - monthly meetings
Mental Health	OMH and mental health provider agencies	• OMH and mental health provider agencies – as needed
Legal	Monroe County Law Department	• Monroe County Law Department - monthly meetings
Law Enforcement	MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Domestic Violence (DV) Coalition	• CAC - APS sub-committee - monthly meetings • DV coalition - monthly meetings
Other Public/Private/Voluntary Agencies	N/A Homeless Services Network Rochester Gas and Electric Family Services of Rochester MCDHHS Citizens Advisory Council (CAC) Adult Protective Services (APS) sub-committee Monroe County Leadership Team High Risk Committee	• APS staff meeting -monthly meetings • HSN - monthly meetings • Rochester Gas and Electric - quarterly meetings • Family Services of Rochester - quarterly meetings • CAC - monthly meetings • Monroe County leadership - monthly meetings • High Risk Committee – twice per month

Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Reducing risks and increasing protection for adults is a major item in all meetings/consultations. Providing coordinated services with partners continues to be supported and discussed, including the recent redesign of human services and the opportunity for Adult Protective Services to work more closely with Office for the Aging and Financial Assistance. Interagency consultations also have occurred regarding housing and securing appropriate housing, such as family type homes for adults.

APPENDIX B-2

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

CHILD PROTECTIVE SERVICES

	AGENCY NAME	**DATES/FREQUENCIES OF MEETINGS**
Agency Type		
Law Enforcement	IMPACT Team Executive Committee	• IMPACT - Four times a year
Family Court	Family Court Mediation Task Force Family Court Judges	• Family Court Mediation Task Force – 6 or 8 times a year • Family Court Judges - Semi-annually
Public/Private Agencies	Citizens Advisory Council Children and Family Services Subcommittee Safe Start Collaborative Council Juvenile Justice Council Children's Mental Health Task Force Early Childhood Development Initiative	• Citizens Advisory Council Children and Family Services Subcommittee - approximately every other month • Safe Start Collaborative Council - Approximately every other month • Juvenile Justice Council - Every month • Children's Mental Health Task Force - Meets quarterly • Early Childhood Development Initiative – Monthly
Government Agencies	MC Law Department Family Treatment Court Steering Committee MC Permanency Mediation Stakeholder's Group NYS office of Children & Family Services-RRO	• Monthly • Bi-monthly • Quarterly • Monthly

Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Implementation of the Child Fatality Review team and an ongoing agreement between law enforcement and Child Protective Services is one area of consultation. Public awareness of child abuse is addressed as well. Discussion of family court procedures and issues of permanency and placement rates such as keeping youth in the community when possible continue to occur. Consultation with Rochester Regional; Office staff regarding internal process improvement initiative focused on child safety and enhancements to investigation and management practice in child protective services.

APPENDIX B-3

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

CHILD WELFARE SERVICES

	AGENCY NAME	DATES/FREQUENCIES OF MEETINGS
Agency Type		
Government Agencies	Monroe County Probation Department MCDHS- Youth Bureau MCDHS- Office of Mental Health Monroe County Law Department MCDHS-Office for Aging Family Drug Court Juvenile Drug Court Office of Children and Family Services Coordinated Care Services Inc. Monroe County Department of Public Health	• Monroe County Probation - twice weekly • MCDHS Youth Bureau – weekly • MCDHS- Office of Mental Health – weekly • Monroe County Law Department – monthly • MCDHS-Office for Aging- weekly • Family Drug Court – weekly • Juvenile Drug Court – at least monthly • Office of Children and Family Services – as needed • Coordinated Care Services Inc. – twice weekly • Monroe County Department of Public Health – as needed
Authorized Agencies	Alternative for Battered Women Hillside Children's Center St. Joseph's Villa Berkshire Farms Ibero American Action League Urban League of Rochester Lifetime Assistance Catholic Family Center Society for the Protection and Care of Children Mt. Hope Family Center United Way of Greater Rochester Children Awaiting Parents	• Alternatives for Battered Women – as needed • Hillside Children's Center – weekly • St. Joseph's Villa – monthly • Berkshire Farms – monthly • Ibero American Action League – monthly • Urban League of Rochester – monthly • Lifetime Assistance – monthly • Catholic Family Center – monthly • Society for the Protection and Care of Children – monthly • Monthly • Weekly • Bi-monthly
Concerned Individuals/Groups	Citizens Advisory Council Children and Family Services Subcommittee Greater Rochester Collaborative MSW Program Adoption Resource Network Attendees of the Public Hearing Crisis Nursery of Greater Rochester	• Citizens Advisory Council Children and Family Services Subcommittee - approximately every other month • Greater Rochester Collaborative Master of Social Work Program – monthly • Adoption Resource Network – as needed • Attendees of the Public Hearing – at public hearing • As needed

Summary of Issues Discussed During Consultation and How They are Incorporated in the Plan:

Ongoing collaboration with multiple community partners around the identification and implementation of evidence-based practices in Monroe County, in an effort to improve outcomes for children and families. Collaboration with the United Way and several community consultants regarding the development of a primary/secondary preventive strategy designed to reduce the incidence of child abuse and neglect. Redesign of PINS services system in conjunction with Probation, Juvenile Prosecutor's Office, Office of Mental Health, Youth Bureau and CCSI. Work on development of new strategies to support and assist adolescents leaving the foster care system to live as self-sufficient young adults in the community.

APPENDIX B-4

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

DAY CARE SERVICES

DAY CARE SERVICES	Dates/Frequency
Government Agencies Rochester City School District Bureau of Early Childhood Services	Rochester City School District: semi-annually Bureau of Early Childhood Services: semi-annually
Other Public/Private/Voluntary Agencies Day Care Quality Council United Way of Greater Rochester	Day Care Quality Council: bi-monthly United Way of Greater Rochester: bi-monthly
Concerned Individuals Groups Early Childhood Development Initiative Quality Council Advocacy Committee Children's Agenda Children's Institute	Early Childhood Development Initiative: as needed Quality Council Advocacy Committee: bi-monthly Children's Agenda: semi-annually Children's Institute: semi-annually
Child Care Resource & Referral Agencies Child Care Council	Child Care Council: bi-monthly

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan

- Maximizing Child Care Block Grant funds for eligible families
- Improving case review process to ensure information provided by childcare provider and family is accurate- clarifying language with steps added to plan
- Ensuring authorized care is provided with minimum safety and health standards- proposed continuation of additional local standards to conduct home visits and health and safety inspections of informal providers
- Mandating informal provider enrollment in CACFP- proposed additional local standards.

APPENDIX B-5*

CHILD FAMILY SERVICES PLAN

List of Required Interagency Consultation

Please feel free to adjust this form or make multiple copies in order to capture all consultations.

RUNAWAY HOMELESS YOUTH

AGENCY TYPE	AGENCY NAME
Department of Human & Health Social Services	Emergency Housing Unit of DHHS- Youth Emergency Housing Specialist- attends RHY monthly RHY Providers mtgs & on going site visits to youth shelters Children & Family Services- one to one case consultations
RHYA Providers	The Salvation Army of Rochester -RHY Providers Mtgs Hillside Children's Center- RHY Providers Mtgs The Center for Youth Services- RHY Providers Mtgs
Adult Shelters & Teen Parent shelter	Mercy Residential Services Melita House(shelter for pregnant & parenting teens) - RHY Providers Mtgs Homeless Services Network- all shelter & homeless providers in Monroe County- all RHY Providers are members & attend regularly. 'Youth' providers have a seat on this steering committee
Legal Aide	Youth Advocacy- attends RHY periodically & one to one case consultations
OMH Services	OMH Intensive Case Management -one to one case consultations Community Based Mental health Services-one to one case consultations
Education- Rochester City School District & all town districts	Attendance Office-one to one case consultations Homeless Student and Families Program- staff attend RHY Providers mtgs and offer RCSD youth & families access to basic needs
Health	Threshold- physicals for youth in shelter & outpatient care Strong Adolescent Medicine- "Doc's on board- street outreach health care St. Mary's Hospital & out patient services- physicals for youth in shelter & outpatient care
Employment -MCC Stages, Rochester Works Private employers	one to one case consultations & site visits at individual RHY programs

* This appendix is only required if the county receives RHYA funding.

Summary of Issues Discussed During Consultation and How They Are Incorporated in Plan

The Youth Bureau and the R/HY programs have an on-going 24-referral agreement that allows for these agencies to work cooperatively to best serve the needs of runaway/homeless youth. The Runaway Homeless Youth programs meet on a monthly basis with the R/HY Coordinator to monitor the 24-hour agreement share resources and address common issues. The meeting location rotates in order for program staff to be up to date on each other's services. On going issues include access to education, affordable housing, employment, mental health services and staff training. Community agencies are invited to the RHY Providers meetings for additional training and to introduce new services and /or resolve access issues/concerns.

The R/HY Programs are designed to work within the existing comprehensive youth services system. Every youth who receives services from a R/HY program is assessed individually and each youth's needs are met by accessing and advocating for that particular youth among the broader youth services community. Each youth brings with her/him a set of circumstances that present a unique demand for services. For some youth that may mean the case manager contacting the Department of Human Services Child Protective Services; accessing alcohol and substance abuse services; contacting the youth advocacy program for an educational guardianship affidavit; or connecting the youth with mental health services or family counseling. In order for the programs to be successful at meeting youth needs, each program has to have connections with multiple services including DHS, schools, employment services, health providers, drug and alcohol treatment providers, law enforcement and other R/HY programs. As a result of the runaway services history in Monroe County, many of these relationships are long standing. All three agencies have formal linkages with the Rochester City School District through Chapter 1 funds, Monroe County Department of Human Services and health care providers. In order to address ongoing communication and access concerns for this population the RHY Coordinator & the RHY Providers are standing members on several cross system committees. These committees include Department of Human Services Children's Committee, DHS-Office of Mental Health Children's Services Committee, Monroe Council on Teen Potential (MCTP), Homeless Services Network (HSN) and Youth Services Quality Council.

APPENDIX C

LIST OF DATA SOURCES USED IN NEEDS ASSESSMENT

INSTRUCTIONS: The list below contains known common sources of data often used in county planning. Please check all that your county has used in the needs assessment performed for this plan. This list is not all inclusive, if you have other sources of data please indicated those as well.

SOURCE	CHECK ALL USED
1. NYS Touchstones Kids Count Data Book	☒
2. Monitoring and Analysis Profiles	☒
3. Child Care Review Service	☒
4. US Census Data	☒
5. OCFS Data Warehouse Reports & MAPS	☒
6. Child Trends Data Bank	☒
7. Prevention Risk Indicator/Services Monitoring System- PRISMS (OASAS)	☒
8. NYS Department of Health (such as Vital Statistics)	☒
9. Surveys	☒
a. Communities That Care Survey	☐
b. Search Institute Survey	☐
c. TAP Survey	☐
d. United Way (Compass Survey or other)	☒
e. Other (please specify): Monroe County Youth Risk Behavioral Survey, Monroe County Health Department	☒
10. Other Data Sources including archival data (please specify):	☒
a. Bureau of Labor Statistics	☒
b. MCDHHS Housing/Homeless Services 2005 Report	
c. Children's Defense Fund (data on child poverty)	☒
d. 2005 Monroe County DHHS Budget	☒
e. Monroe County Youth Bureau	☒
f. Monroe County Office of Mental Health	☒
g. Monroe County Health Department, Vital Statistics	☒
h. Monroe County Office for the Aging	☒
i. *PINS: Summary of Program Outcomes and Program Plan for January 1, 2004 to December 31, 2004,* DHHS	☒
j. *Close-Up on the NYS Economy,* Center for Governmental Research	☒
k. *Benchmarking Regional Rochester,* Common Good Planning Center	☒
l. *Measuring Sprawl and Its Impact,* Smart Growth America	☒
m. *Report to the Monroe County Legislature,* Blue Ribbon Commission on Monroe County Finances	☒
n. *Upstate NY's Population Plateau,* Brookings Institution 8/03	☒
o. Catholic Family Center, Refugee Resettlement program data	☒
p. *New York, the State of Learning: Statewide Profile of the Educational System,* NY State Department of Education	☒
q. *Out of Reach,* National Low Income Housing Coalition	☒
r. NYS Division of Criminal Justice Services, 1992 and 1995 reports on	☒

Disproportionate Minority Confinement	
s. National Low Income Housing Coalition *Out Of Reach 2004*	☒
t. National Association of Home Builders, Housing Opportunity Index 2001	☒
u. Monroe County DHS	☒
v. Monroe County Department of Probation-Community Corrections	☒
w. *Children Who Witness Domestic Violence: A Study in Rochester, NY*, University of Rochester Department of Political Science	☒

APPENDIX D

Relationship Between County Outcomes and Title IV-B Federal Goals

Directions: Please list each county outcome that supports or relates to achievement of the below identified Federal goals. If the information is included in the narrative, the Appendix does not have to be included.

Title IV-B of the Social Security Act Subpart I
Goal 1: Families, including nuclear, extended and adoptive families will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their heritage; and in planning for their children's future.
Core Priority #2 Outcomes 1, 2, 5, 6
Goal 2: Children who are removed from their birth families will be afforded stability, continuity and an environment that supports all aspects of their development.
Core Priority #1, 2 Outcomes 1, 2, 5, 6
Goal 3: Victims of family violence, both child and adult, will be afforded the safety and support necessary to achieve self-sufficiency (adult), and/or to promote their continued growth and development (child).
Core Priority #1, 2 Outcomes 1-6
Goal 4: Adolescents in foster care and pregnant, parenting and at-risk teens in receipt of public assistance will develop the social, educational and vocational skills necessary for self-sufficiency.
Core Priority #2 Outcomes 3, 4, 5, 6
Goal 5: Native American families, including nuclear, extended and adoptive families will be strengthened and supported in raising and nurturing their children; in maintaining their children's connections to their tribal heritage; and in planning for their children's future.
Core Priority #2 Outcome 5

APPENDIX F
TECHNICAL ASSISTANCE NEEDS

Monroe County requests technical assistance on integrating multiple funding streams for high need/high cost individuals and families. Additional technical assistance is requested in developing a results oriented contract management system.

APPENDIX G
PUBLIC HEARING REQUIREMENTS (OPTIONAL APPENDIX)

This appendix provides a format to provide information on the required elements of the public hearing. If this appendix is not used, the required information must be included in a narrative fashion in the county plan Strategic Component, section II Planning Process.

Public Hearing **Monroe County**

Public Hearing Held: September 15, 2006 (at least 15 days prior to submittal of Plan) date

Public Notice Published: August 31, 2006 (at least 15 days in advance of Public Hearing) date

Newspaper: Rochester Daily Record

Number who attended: 63

Areas represented at the Public Hearing:

x	Health	x	Legal
x	Child Care	x	Law Enforcement
x	Adolescents	x	Other Public Schools
x	Mental Health		Other
x	Aging		Other
x	General Public		

Issues identified at the Public Hearing:

Questions asked by DHS to public

Q. Do you feel you have a better understanding of the Child and Family Services Plan?
A. Yes, a better understanding (lots of heads nodding yes)

Q. Is this forum valuable? Ideas on presenting in another way?
A. Like small break out sessions/workshops – encourages communication, more of a focus on special interests.
The group liked the location for the hearing.

Questions asked by public to DHS

Q. How is word sent to consumers?
A. 600 invitations sent out to community agencies and advocates of consumers. Would like to see more input from direct consumers. Other suggestions included multiple public hearings in local towns, use of Mass Media such as RNews or WXXI and press releases.
Q. Research based model – would like to hear how we are approaching issue of using research/practice models. How do we identify - will county help suggest models, identify models?
A. Well on road with number of programs. We need to be careful that we implement with fidelity and once implemented we do not rest on national research that these programs work, but that we do our own research and measure results at the local level.
Plan to get together with providers in community to identify what is being done now and what was done in past that works/worked well.
We need to tailor services for varying cultures, populations – not everyone is alike.
Need to look at evidenced based *practices* not just models.

Comments by DHS Staff

We need to tell the community about the wonderful things going on and not just focus on the negative.

Environment – internally at DHS– committed to really making change and making safer and better lives for children and families.

Operationalize core priorities, not as integrated as we can be but working on that. We are talking about what we do well, but areas that we need to integrate better – asking for guidance on how to do things better.

Online staff member is excited to see that there is a movement to go from reactive bureaucracy to move into being a partnership – we are moving in with the community – identifying where is the voice – where are the families. We need to be aware that it is our responsibility to be in charge of this.

Philosophy of celebrating breakdowns, allows us to explore opportunities and identify that this is a critical need to identify who is accessing and how do we best meet those needs. It is interesting that we are in church and there are no constituents of the church present. They are the voice of who we serve so we need to listen. We are not dynamic if we do not have our clients with us.

Public Comments

Need to make community partners feel like a partner and have a voice at the table.

Focus on training across multiple systems.

Need to consider looking at lifespan developmental perspective – kids in early childhood become youths and early intervention may assist in keeping those kids out of PINS etc and those youths become adults and parents and having the integrative perspective will help guide decisions on how those systems can help each other and work across all systems in identifying those areas to break the cycle.

The department has priorities, but we all want the same outcomes

The county system has not been friendly to its client base – based on race, sex. Need to look at how we are providing services to the various cultures.

Good to move from bureaucracy to dynamic.

Have seen positive movement when there is great involvement with the community and school system. Do not see that the County human service org is terribly involved with the school system – could be wrong. Have seen in Fairport and Perinton – community involvement in school system – this involvement has helped with high risk behaviors. If you can exploit the human services in the school system we can hit stronger and earlier in intervention and prevention. 19 School Districts are partners-- youth live someplace, in a family , in a neighborhood, may go to church, civic org – live in systems – we need to interact with all of them. Have existing structures – we need to work with them.
The Rochester City Schools is where opportunity is. Do not know if as much as a need for services in many of the suburban programs as there are in city schools. There are people in the city that can assist in facilitating with that.

We need to focus on training and go to that next step. Youth Bureau does great work with capacity building – we need to do it across the Board.
Training often first area to be cut in order to reduce costs.

Applaud for using this site – importance for bringing community it.

There are examples of strong integration that should be better highlighted. Families First Analysis internally in DHS and other agencies (Hillside, Sojourner…) looked at how many workers are involved in these high need cases. Many times 3,4,5 DHS workers and 6 other agencies involved with one case. Very complex operation, but excited to hear about these initiatives, and integrating all services and systems within DHS.
Looking for more ideas and opportunities to do concrete integration within the Department. Many plans that are in the works, but not yet at a point to be released. Comment – applaud efforts as very difficult to do.

Closing comments by DHS

We will be making changes/modifications to plan. Encourage all to send comments.

One Voice – a lot of work – make sure we are integrating – many partners but one vision – commitment to make sure that we are talking about the same thing internally as we are to the public and our partners.